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Your Child One to Six

An authoritative handbook on your child's care and development—from first birthday to beginning school

A
CHILD CARE
PUBLICATION

Your Child from One to Six

Text from

CHILDREN'S BUREAU,
U. S. DEPARTMENT OF
HEALTH, EDUCATION,
AND WELFARE.

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Contents

Foreword

Katherine B. Oettinger, Chief, Children's Bureau, U. S. Department of Health, Education, and Welfare, in the foreword to the latest edition of "Your Child From One to Six," wrote:

Your Child From One to Six was first published by the Children's Bureau under the title, *Child Care—The Preschool Years.* It was third in the Bureau's series for parents, of which the first was *Prenatal Care.* This was closely followed by *Infant Care,* now being read in its most recent revision by the mothers of a third generation of babies.

Study of the various revisions of these three pamphlets over the years would show many advances in our knowledge about how to rear healthy children. The most striking illustration of these advances is the reduction of danger from the childhood diseases, a menace that used to constantly burden parents' minds. As important, but perhaps less spectacular, have been the gains made in an understanding of the child's emotional and psychological growth and needs.

As parents gain in understanding of these needs, and, consequently, of children's behavior, they often feel more comfortable about their ability to be helpful to their children—and the more comfortable relations between children and their parents are, the more rewarding family life becomes.

In the belief that during a child's early years much of the groundwork is laid for his life-long health and happiness, the Children's Bureau offers this newly revised edition of a book that covers the span between infancy and school age.

As before, the bulletin represents the contributions of a wide range of professional workers. Child psychologists and psychiatrists, pediatricians, preschool and parent educators, nurses and specialists in child development, have given time and thought to the content of this bulletin to its benefit.

Final detailed review of the contents was given by the Bureau's Pediatric Advisory Committee, a group chosen by four medical societies to represent them. Dr. Alfred H. Washburn, American Pediatric Society; Dr. Myron E. Wegman, Society for Pediatric Research; Dr. Stewart H. Clifford, American Academy of Pediatrics; and the late Dr. Julius H. Hess, American Medical Association. To all the reviewers, the Children's Bureau expresses its sincere thanks. In addition, the bulletin has profited much by the comments of a number of parents who graciously consented to read it.

Mrs. Marion L. Faegre, Consultant in Parent Education in the Division of Research, was mainly responsible for this revision under the general direction of Marian M. Crane, M. D., Chief of the Research Interpretation Branch, Division of Research. Dr. Crane revised the sections on medical and health care.

Editor's Foreword

Your Child From One to Six, the third in the Child Care series, is designed to give you parents help in the rearing of healthy, happy, children. *Prenatal Care* helped you, we hope, safely and comfortably through your pregnancy and the birth of your baby. *Infant Care* helped you take care of your new baby through the first year of his life.

We hope *Your Child From One to Six* will prove to be a helpful and up-to-date guide for you parents of growing children. This authoritative text has been reviewed by the Pediatric Advisory Committee of the Children's Bureau of the United States government. Its advice is based on the experiences of child psychologists and psychiatrists, pediatricians, educators, nurses and specialists in child development.

This book tells you what to expect as your child grows physically, emotionally and socially. As he outgrows his helpless baby stage and begins to talk and do a great many things for himself, you will find living with him a daily adventure. You will find yourself coping with his questions, his active imagination, his curiosity and experimenting. He will need your companionship, and he will be very good company for you.

His health is of primary importance, of course. This book is not intended to take the place of your doctor's regular care. But it will guide you to a greater understanding of your child's behavior and his emotional and psychological needs.

The more intelligently helpful you can be to your child during his early years, the more firm will be the groundwork for his later health and happiness. The more comfortable the relations are between you and your growing child, the more satisfaction you both will find in your family relations.

You are responsible for his care almost exclusively until he is ready for school. These few years are the last actually that will find you constantly together. As he outgrows this stage and enters school, others will share his daily responsibility with you.

We hope this book will help you enjoy these precious few years of his dependence on you, and will help you help your child to develop the sound and sturdy sense of independence that he will need his whole life through.

1. How children grow

WHEN a baby grows out of the complete helplessness of infancy, and begins to walk and speak his first words, the time ahead, in which we will have him at home, seems endless. Actually, the 4 or 5 years that remain during which parents are almost their child's sole teachers fly by quickly. Development takes place so fast that often parents have just barely worked out plans to take care of their child's new needs during one phase, when that phase is gone, and is succeeded by another. Parents usually have a general notion of what a young child needs in the way of care for healthy growth. But the changes his mind and his feelings go through make even bigger

demands on parents' understanding. It takes effort and devotion to supply good food and clothing, and the other material needs. But meeting the needs beyond these takes something more — a great deal more. Parents agree that intuition and imagination and spiritual insight are called for here. At the same time it helps if parents keep in mind, too, that a child wouldn't know what to make of "perfect" parents; he will show his willingness to put up with their mistakes if they do the same with him.

Physical Growth

In the years following babyhood, as before, all children grow and develop according to the same general pattern. Among many other things, they learn during this period to use their hands skillfully, to walk steadily, to run and to skip, to talk readily, to do many things for themselves, and to play with other children.

But the rate at which children grow and develop and the age at which they are able to do all these things is very different in different children. Some have doubled their birth weight at 5 months, some at 7 months. Some walk at 13 months, or earlier, others not until 18 months. Parents are sometimes impatient for their child to do the same things that another child of his age can do. They forget that he is an individual and will go ahead at his own pace. Their impatience may come from a mistaken idea that a child who is slower to walk or talk than many others of his age is necessarily backward. While it's true that children who are mentally retarded are slow in learning to do these things, a great many very bright people, too, have been slow in learning to walk and talk.

What parents can expect is that all children will do things in the same order; for example, all children's arms and hands become skillful before the body is strong, and the legs and feet develop last.

Parents cannot do anything to hurry this development; as their child's body matures, it comes. But they can try to see

that nothing interferes with it. They can feed him body-building foods, and keep him well. They can let him have much freedom to try out his abilities and they can help him to feel very early that he is a real member of the family.

Most children weigh about three times as much at 1 year as at birth and have grown from 8 to 10 inches taller. After growing very rapidly during his first year, a child slows down during the next few years. This slowing down in development at this point is perfectly natural; throughout a child's growing years there will be times of rapid growth and times of slower growth.

As a child develops out of babyhood, noticeable changes take place in the size and shape of the different parts of his body. He gradually loses his baby chubbiness and lengthens out into slimmer proportions. As he begins to be very active, his weight will be made up more of muscle than of fat. If he does not seem to be eating so much for his size, his parents should keep this in mind: that he should gain is what matters, not the amount he eats.

A child's head, which made up one-fourth of his body length at birth, does not grow nearly so rapidly as other parts of his body. Even with this slow rate of growth a child's head at the age of 5 is almost as large as it will ever be. By 6 the brain has about completed its growth in size. Changes in the brain cells and nerve connections that make it more and more mature will be going on for many years, however.

At birth the upper part of a child's face is far larger than the lower part. As his teeth come in and his jaws develop, this changes. His face loses its flat look, and his nose becomes less rounded. His neck, short and hardly noticeable when he was a baby, lengthens.

A little child's arms, short in proportion to his trunk at birth, begin to grow in length. So do his legs, though at a slower rate. The legs of a 2-year-old are much shorter in proportion than the legs of a 4-year-old, and much less strong, so that the younger child depends much more on his arms than on his legs in climbing. (Watch how much of the work his

arms do when a baby climbs up steps, and how far apart his short legs are placed when he first walks.)

Each child's growth rate differs

Because of different family and racial backgrounds, children differ so much in physical growth that two children of the same age are seldom alike in height or weight. Some very small 3-year-olds will be only 33 inches tall, while others unusually large for their age will be as much as 43 inches in height.

In general, children follow the body build of their parents, but not to extremes. If a father is very tall, for example, his son may not be as tall as his father since children tend to move away from extremes and toward an average. Moreover, children are affected, just as their parents were, by diet, climate, and other influences of environment.

A child who was large as a baby is likely to grow faster than one who was small; one who is large at 2 will usually be taller and heavier than the average at 4, and at later ages, too.

Many children grow about 3 inches a year during this period. They usually add about 5 pounds a year in weight between the ages of 1 and 2, and after that gain about 4 pounds yearly until they are 6 or 7. Growth charts and tables which show only averages are no longer considered useful, for it is not fair to judge a child's progress by comparing him with an "average" child who doesn't really exist. Each child's physical state is now judged more by his own individual growth rather than by comparison with an average of the weights and heights of a great many children.

Growth differs at different times of year. Children in the United States grow more in height in the spring and early summer and put on weight more rapidly in the fall.

Changes keep going on in the make-up of a child's skeleton, too. A baby's bones are relatively soft and flexible and contain less bony tissue than they will later. As a child grows older, his bones thicken and become stronger; they gradually have more mineral content and less soft tissue.

Boys and girls differ in growth

Although girls are usually a little shorter and lighter in weight than boys at birth, their bony structure is further developed. From being about a month ahead of a boy at birth, a girl develops more rapidly and at the age of 6 years is about a year advanced over a boy of the same age. Because of this speedier development little girls are often slightly ahead of boys of the same age in ability to dress themselves, to write, and to do other things that depend on muscular control.

Teeth

Nearly all the teeth of the first set—the deciduous, primary, or "milk" teeth—are already partly or wholly hardened at birth. As the baby grows, the teeth grow also. Some teeth begin to cut through the gums at about the sixth to the eighth month of life. From then on, new teeth appear at intervals until the baby is about 2½ years old, when, as a rule, all the 20 of the first set have come through.

By the end of the first year many babies have six front teeth, although some healthy babies have only two. If a year-old baby has no teeth at all, the doctor should be consulted. The diet may be at fault, or some disease may be slowing the child's growth; racial and family traits, too, may account for delayed teething.

The age at which the various teeth come through the gums varies a great deal, but the order in which they come is the same for almost all children. First the two lower front teeth appear, then after a time, the four upper front teeth. After this, usually some months later, two more lower teeth appear in the front of the mouth. In a few months two teeth appear in the lower jaw—one on each side—near the back; then two in the upper jaw, opposite these. Later four "eye teeth" come through—two upper and two lower. After awhile the four back molars come through, and then the primary set of 20 teeth is complete.

While a tooth is coming through the gum, the child may be irritable or fretful and may not eat well, but teething alone rarely accounts for illness. An illness should not be attributed to teething until all other possible causes, such as a cold, an abscess in the ear, and other diseases have been ruled out by the doctor.

Importance of baby teeth

If the child is to have a good chewing machine, his baby teeth must be kept in good condition. The permanent teeth come in from the sixth to the twelfth year, and until then the child needs his baby teeth to chew his food and to hold the jaws in shape so that the permanent teeth will have plenty of room. If the baby teeth are to be kept in good condition as long as they are needed, they must be built of good material and they must be taken care of properly at home and by a dentist. Every effort should be made to save the baby teeth for as long as they are useful.

From the time a child is 2 years old, he should be taken to

the dentist every 6 months to have his teeth examined and cleaned and any small cavities filled or defects repaired.

If a small cavity or defective fissure is not filled, the tooth will decay still more. The results of neglecting a child's teeth are ugly, broken teeth and toothaches. A child with a sore tooth tries not to bite on it and may avoid coarse foods that need to be chewed or may chew on only one side of his mouth. If the cavity becomes very large, the root is likely to become infected and the tooth may have to be pulled out. The shape of the jaw may suffer, from either lack of exercise or loss of teeth, and the permanent teeth that are being built may not have room enough to come in straight. If a child has a tooth in which decay has destroyed or exposed the nerve, he should be taken to the dentist often for the treatment necessary to save the tooth.

The 6-year molars

Perhaps the most important teeth in childhood—and the most neglected—are the 6-year molars. These four permanent teeth, which come in sometime between the fifth and seventh birthdays, do not take the place of any baby teeth but come in directly behind them. For this reason they are often wrongly thought to be baby teeth. The 6-year molar is the sixth tooth from the front on each side; there are two in the upper jaw and two in the lower.

The 6-year molars are the first permanent teeth to come through. If they are lost, the other teeth are likely to come in crooked and the dental arch may be poorly formed. As soon as the chewing surface of each of these teeth has appeared, a dentist should examine it to see whether there are defective fissures. Great care should be taken of the 6-year molars.

In preventing tooth decay, diet is of great importance. Too much sugar and other sweets in the diet bring about conditions that have a bad effect on the teeth. In addition, eating too many sweet foods and drinking sweet soft drinks may make the child neglect other important foods.

Fluorine

Fluorine is a natural element in most water supplies but the amount varies from place to place. If the drinking water which a child uses happens to contain the right amount of fluorine, his teeth will be better protected against decay. Fluorinated water is most effective during that period when the child's teeth are forming. But even after the teeth come through the gums, they get some protection from the water passing over them in the act of drinking. Unfortunately, the greatest number of public waters do not contain enough fluorine to protect the teeth. Many communities are now adjusting their water supplies to the proper amount so that children's teeth will get the greatest benefit.

Fluorine solutions when prepared and applied to the teeth by dentists or dental hygienists give considerable protection from tooth decay. This method is useful in situations where drinking water containing fluorides is not available. In this case, a child should have applications of fluorine to his teeth at intervals of 3 years, from the time he is 2 or 3 until he has grown up. In this way decay can be cut down 40 to 60 percent.

1. Central incisors usually are cut between 6 and 9 months.
2. Lateral incisors usually are cut between 8 and 10 months.
3. First molars usually appear between 12 and 14 months.
4. Cuspids usually are cut between 18 and 20 months.
5. Second molars usually come through by the 24th month.
6. Six-year molars (the first permanent teeth) are cut at 6 years.

A few places in the United States have drinking water that contains so much fluorine that children raised in these areas are likely to have discolored teeth, strong but unsightly. In such areas the problem is one of lowering the fluoride content of the water to its proper limits.

The permanent teeth begin to grow soon after birth and most of them are completed (except their roots) by the time a child reaches school age. Although these teeth do not come through the gums until later, they are formed quite early. For instance, the 6-year molars (which dentists call the most important of all) are usually completed by the child's third year although they probably will not appear in the mouth until school age. So the structure of the permanent teeth may be influenced by the young child's health, his freedom from disease, and the food he eats.

Speech

Watching a child begin to talk with other people is exciting. Babies like to make sounds even though the sounds are nothing more than babblings with no meaning. By the time a child is a year old, through the encouragement and attention he got when he happened to make certain sounds, and through having them repeated back to him, he finally associates them with an object or a person. When such a symbol (a word) is used for an object or an experience, speech comes into being. This usually happens sometimes between the eighth and the seventeenth month. The great majority of children walk before they talk, but some exceptionally bright children begin to use words before they can walk.

By the age of a year some babies use two or three words correctly. For the next 6 months or so new words come slowly; but one by one more are added until one of the child's great pleasures is putting a name to things and expressing his desires. One word serves the purpose of a whole sentence. A child runs to get his coat, saying "car," when he hears his mother say something about getting groceries. His one word, along with

running toward his coat, says: "Take me with you in the car! I want to go too!"

The grouping of two words follows shortly on the one-word sentence, "all gone," "help my," "doggy bark." Then comes a great rush of words as the child asks "Whaz-zat?" over and over.

Nouns, or the names of things, are what he is interested in first, but it will not be long before verbs or action begin to be added in great numbers. When the child is able to move about freely verbs like "fly," "go," "fix," "come," become very important.

By the time he is 3, a child is using a great many verbs and also pronouns, though he still gets them mixed up (as when he says "help my" for "help me"). From the third year through the sixth, children add hundreds of words to their vocabularies each year. This big increase is not strange, considering that a child in this period may be quiet for only 4 minutes at a time and often asks more than 300 questions in a day!

Girls tend to talk a little earlier than boys and are somewhat ahead in language ability throughout the early years. By the age of 5 most children have learned to speak clearly, with few of the confused sounds or omissions of letters ("dat" for "that," "aw" for "all," "wain" for "rain") that occurred earlier. Twins, being so close to each other, tend to copy each other's inaccurate word-sounds. For this reason they are likely to be somewhat slow in language development and cling to their faulty pronunciation longer than other children. They catch up in the early school years, however. Parents can help very much by speaking clearly and carefully so that their children have good speech models to copy.

(For discussion of delayed or defective speech, see page 104.)

Emotional Development

One of the things that complicates our bringing up of children is that they have feelings, and so do we. If the first time we said, "Let Tom ride your tricycle now," Jimmy would agree automatically, things would be simple. But no, he has a

strong feeling of wanting to keep on riding himself. If we insist, he may get angry at our interference. Anger isn't a pleasant emotion. But if he didn't have the ability to get angry, to resist our suggestions, his future would be very dark: he could be pushed around by anyone who could shout him down. He needs his parents' help in learning to manage his angry feelings, and also in preventing his acquiring a lot of fears.

Parents who are not constantly exposing their children to rages, to panicky fears, or to superstitious beliefs induced by fear give their children a head start. The wise bestowal of affection and love, too, proves a great advantage to a child. Unwisely handled, love can prove as dangerous as anger and fear. Parents can find it so satisfying to have a child depend on them that they do not see to it that he reaches out to form ties with other people. When we give this kind of love to a child, he may expect to receive love from others, but not know how to give it.

Because the world is so new to a young child, he comes up every day against dozens of things that may bring about unpleasant emotions. Try as we will to prevent situations that cause fear, they occur. For example, a child who slips in the bath tub and swallows water feels afraid, just for a moment. If the situation is handled calmly, and he is soothed and comforted, he may forget his fear very soon. But if his mother cries out, or shows she is frightened, he may refuse to get into the tub for days, or even weeks.

Similarly, with anger. If a child gets his own way by angry screaming when he doesn't want to come in from play, he may try the same behavior over and over. Sometimes, though, anger is necessary. It, like fear, is associated with changes in the body that give us the added energy needed to meet difficulties. When we feel emotion because we are facing a problem, our bodies furnish extra power, so that we may handle it. A child can run faster, for example, if he is a little bit afraid, can hit harder if he is angry.

But when emotion becomes so strong as to prevent action—

when the child is "paralyzed" by fright, or so angry he "can't see straight"—it is an enemy. If a child is so upset by seeing a car coming toward him that he cannot decide which way to go, he may be in great danger. Because of children's lack of experience in handling upsetting situations, we try to protect them as much as we can from coming up against things that floor them. If their problems are not too big to solve successfully, a good share of the time, they stand a better chance of learning to handle them well and thus of gaining confidence in their ability to meet tougher problems. If we did not, for example, protect little children from many things that might frighten them, they might suffer from many unnecessary and damaging fears.

Fear and its causes

What are the kinds of fear situations that little children most often come up against? They are, to put it simply, those that may result in bodily hurt or in separation from people they depend on—usually their parents.

Any startling sudden occurrence—a loud noise, a fall, an unexpected movement—is likely to produce the body reaction that we term fear. A siren, clanging fire bells, the whir of a vacuum cleaner are all startling things to a child ignorant of what they mean. To him such things mean danger, especially if his parents are not, almost literally, holding his hand.

Fear of dogs, common in young children, results from a dog's loud bark and sudden jumps and bounds; it is not caused by any inborn fear of dogs. Bringing into the family a young puppy that the child can play with and see is harmless often helps rid a child of such a fear.

Children's fear of dogs dies out pretty much after they have been in school a year or so; seeing that other children feel friendly to dogs gradually helps the fearful child to overcome his own fear.

If a child's mother is afraid of storms, the child is very likely to be afraid, too. And it has been found that fears which children pick up from their mothers are especially hard to get rid of. To realize that they themselves are very often responsible for the fears their children display is enough to cause many mothers to take a fresh look at some of the things they are afraid of, and to decide that many are unreasonable, and can be overcome. Fear of deep water, of lightning, of going places alone, of meeting new people; fear of pain, of darkness, of insects, are some of the kinds of fears mothers can work at losing.

Children are often frightened by what they hear adults talk about—family troubles, for example. If the adults in a child's life are upset and unhappy, the child can hardly escape the tension. He may react by prolonged fear of being left alone, perhaps, by night terrors, by bed wetting or thumb sucking, by

cruelty to pets, or by bad relations with playmates—any way in which the tension may be released. (See page 91.)

The bad dreams that sometimes plague children during these years are harder to deal with because a child often cannot even describe them, let alone dropping any hint that is a clue to their cause. Children have to pin their faith on their parents' understanding—and parents need to go all out in giving comfort and reassurance.

Any situation in which a child feels helpless is likely to produce fear. Being subjected to the overfriendly advances of a stranger, seeing older children with masks on Hallowe'en, getting separated from his mother in a crowded store, are the kinds of incidents that cannot be guarded against completely, but such things will usually have only a temporary effect on a child who feels deep down in his heart that his parents will protect him.

Prevention of fear

Explanations that add to a child's knowledge are helpful in keeping children from acquiring fears. Parents who take pains to let their child see that policemen are friendly and useful are preparing him against the tales he may hear from other children about policemen as threatening and bad. Explaining to a child how harmless thunder is, demonstrating perhaps by letting him see what a loud explosion even one blown-up paper bag makes when it bursts, may interest him enough to make him listen to thunderclaps calmly.

A child whose first visit to the dentist is for the purpose of building a friendly acquaintance before any work is needed is lucky. Of course, when the time comes that some work must be done, the mother and the dentist must not say, "This isn't going to hurt." Few things are more upsetting to a child than to have adults, whom he trusts, deceive him.

To build up a child's self-confidence and belief in his ability to deal with problems is often more constructive than to try to do away with fear itself. An attitude of "You can do it!"

when a child hesitates is much more helpful than warnings about being careful.

Children sense adults' attitudes. A mother who is always on hand to protect her child from falls or bruises may influence him without actually speaking a word. If she considers other children too rough for hers to play with, she may find him shying away from what seems to him dangerous or risky.

Fear of imaginary creatures in the dark may make children of 4 or 5 want to have a light on when they go to bed, or the door open into a lighted hall, for imagination is very lively at this period.

TV or radio programs that young children are to see should be carefully selected. Children of 3 or 4 may not only worry about "bad men" getting out of the television set, but they may absorb lasting impressions of horror from ill-chosen programs.

Teach precaution, not fear

In their innocent acceptance of other people, children very occasionally run the risk of meeting with advances from strangers that are far from friendly in purpose. How to teach children not to be too outgoing with strangers is a job that taxes parents' best efforts. Because they do not want to risk arousing long-persisting, damaging fear in their children, some parents may lean in the direction of giving more independence than is really safe. Some, with the best intentions, err in the opposite direction. The amount of freedom children can have will vary greatly from community to community, but children in their very first years at school are particularly vulnerable and need thoughtful protection.

Families can have rules which are as unyielding as those about running into the street, and they can be pointed out as matter-of-factly. The idea of never accepting rides, candy, or offers of any kind from strangers can be put across as a decree. Such "laws" are found in every family—minor ones dealing with personal behavior, like not grabbing for the last cookie on the plate, and major ones, like being scrupulously careful

about returning borrowed property. Every family has some things that are just "not done." If the rules are pointed out in capital letters, as part of a family's hard and fast ways of doing things, no explanation is necessary, any more than we have to explain why we don't rush into a stranger's home without being invited. Attempts at explanation would be too difficult at these early ages.

Anger and its control

Until he is considerably over a year old, a baby's emotional outbursts are almost completely uncontrolled. Sobbing, screaming, biting, hitting, kicking, are all ways of "letting go." Telling him to stop is useless, but distracting him often brings quick results because his span of attention is so short. At this age a child has no notion of control, if his feelings are strong. He may usually be fairly patient while his mother gets his dinner ready, but if he is *very* hungry, or *very* tired, his feelings burst out. We don't expect him to know any better.

But by the time a second year of his life has passed we are dealing with a "child," not a baby. We can with fairness expect him to have a little patience, to be able to wait a few minutes, and not to demand instant filling of his wants. He has for a long while understood what we mean when we say, "No," though he may have no notion as to *why* we say it. His stock of understanding is still very small; he can't grasp why Jimmy tries to tug a toy away from him, so he may bite Jimmy in a primitive attempt to protect what he feels is his right to the toy. He may, out of fear, keep from doing something he's punished for, but his angry feelings will go on seething inside. If he has more upsetting than pleasant experiences, his ways of reacting to what is expected of him will be unpredictable; he'll cooperate nicely when it suits him to fall in with what he's asked to do, and will refuse as readily—and quite finally—if it's something he doesn't care to do.

Inconsistency is hard on a child; temper outbursts are a natural result of uncertainty about what to expect.

If it seems likely that a child is using tantrums as an attention-getting device, attention is what he needs. But *not* for the tantrum. Overlooking the immediate outburst, and giving more attention of a desirable sort may seem like round-about handling, but it works. If we spend time in a constructive way with a child—finding things for him to do, talking with him, reading to him, quietly studying his needs, anger outbursts wither away because they have little to feed on.

Making the set-up such that your child wants to go along with you the greater part of the time encourages cooperation. (Let *him* run the water in the bowl to wash with, pick out something to carry at the market.) The more you can simplify his surroundings, the more you can avoid saying "No". The fewer the no's the more relaxed both you and he will be. In trying to satisfy his curiosity (to handle, taste, and explore in all manner of ways) he makes trouble—unless your arrangements allow him to do these things safely. Trouble, or danger, means adults will interfere. Then—crying, resistance, negative behavior. What else can we expect from a little creature burningly eager to test out everything he can see or hear or learn about in any way?

To protect your little child from the results of his explorations you fence him off from things he mustn't touch or places he mustn't wander into. His discipline, in early days, consists mostly in learning that there are limits beyond which he cannot go, and things that he can't be allowed to do.

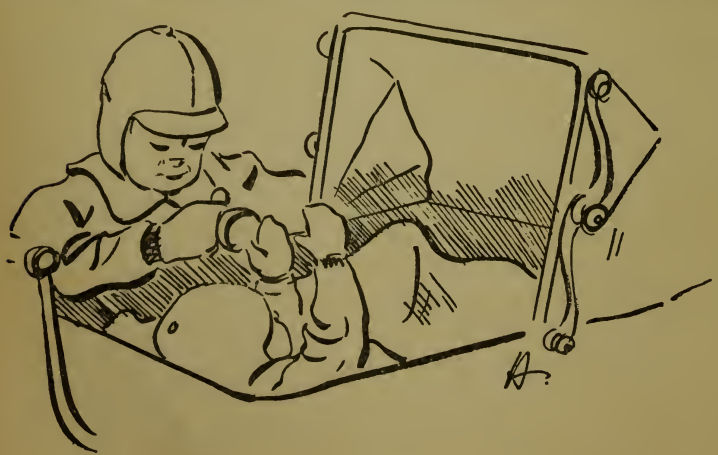
Parents who can remember not to act shocked when their children say, "I hate you!" or call them names will find the explosions don't really endanger their dignity, or damage their relation. Parents' own resentment of their fathers and mothers, in early childhood, is often buried so deep they forget that feelings of both hate and love are a natural part of the child-parent relationship. A child is bound to feel guilty over such reactions if he has to suppress them. But if his parents can say to his expression of hate, "No wonder you feel that way. I used to, too, when I was your age, and had to be refused something I wanted."

Pleasant emotions will have more time in which to develop if this young person's days are arranged with his limitations in mind: regular meals and sleep; time with his mother and father for pleasure (walks, singing, play), not just time for looking after his physical needs; care should be used not to expect too much of him.

Love and affection

A child who is just growing out of babyhood has very special feelings of love for those who have cared for him. The closeness between him and his mother and father has made him feel that it is safe for him to enjoy people, and he may have almost passed through the shy stage in which he looked at strangers doubtfully. He may be ready to make friends fairly quickly, if people don't approach him too suddenly. For example, a very careful introduction to the barber is in order, preceded perhaps by watching his father have a haircut.

Individual differences in children's responsiveness are to be expected, naturally: the cuddly baby and the one who resists much fondling are recognizable in early infancy. Few young children want to be hurried into a close relationship. But a child who has always had loving and affectionate treat-



ment is prepared to give, as well as to receive, love. His "security" is not simply a passive thing, but a safe feeling that lets him be venturesome in the belief that people will be good to him.

Jealousy of the new baby

One of the threats to a little child's feelings of security that nothing can really quite prepare him for is the birth of a brother or sister. It will be easier if his parents, especially his mother, are so aware of the hazard he faces that they spare no pains to see that he doesn't for a minute feel pushed aside. Even though obliged to do without his mother for a few days when the baby is born, special thoughtfulness from her when she gets home will prevent the sort of blighting frost that some children have to endure, when practically all of everyone's attention is given to the new baby.

People sometimes forget what a child's world is like, how loss of a mother's attentiveness to every look and gesture can hurt. And the reunion with his mother, for a child barely out of babyhood himself, may perhaps be happier if his first sight of the new baby is in his father's arms, instead of his mother's. Sometimes it can be arranged so that the child first sees the baby in its crib.

A very young child is not ready to grasp the fact that his parents' love can embrace the newcomer without lessening the tenderness they feel for him.

Even a child of 3 or 4 can't wholly understand this. But if his parents have been encouraging him to be independent of them in little ways, he will have learned a good deal about how to share their attention. His pangs will be fewer if his mother finds time for him every day while the baby is asleep. Even short snatches devoted to the older child pay off. To get attention that is not divided between him and the dishwashing or potato peeling is what he needs for a while.

Even under the best of conditions, children will betray that the old "nose out of joint" tradition is based on fact. They may go back for a while to wanting a bottle, or wetting the bed,

or to some other behavior they seemed to have left behind. Accepting the child's need to shed responsibility—a natural enough reaction to the baby's helplessness—will keep a wall of hostile feelings from building up between parents and child.

Or between the child and the newcomer in the family! Sometimes children show their feelings in very roundabout ways: they may declare that they love the baby, and then hug him pretty roughly. Or they may not display their feelings until the baby is walking, and competes with them actively. Occasionally, a child has to be watched for fear his perfectly natural wish that this intruder had never appeared might result in physical harm to the baby. Such acts should be treated as evidence—which they are—of the child's longing for a secure place in his parents' affection.

Being in on the planning for the baby in every possible way will be of some help. But no amount of explaining beforehand can entirely do away with the surprise of the baby's arrival. If there are to be new sleeping arrangements for the older child, he should have a chance to get used to them well before the event, and to feel that it is a privilege for him to enjoy the new arrangement.

Social Development

That smile you waited for so eagerly in the weeks after your baby's birth had a deeper meaning than many parents stop to consider. That smile is important because it is something positive, something the baby offers when he feels contented. "All's right with my world," the smile of early childhood tells us.

If we can keep a child smiling, or feeling like smiling, we can be pretty confident that his social development is progressing well. And the framework for a positive, outgoing nature is built most firmly by parents who have made their child feel safely loved.

What we are like as grown people has its roots away back in childhood. The way we work and play, our ability to enjoy

people, how we feel about tackling new things—even the foods we prefer or won't touch—had their beginnings in early life experience. Of course, people can always change, but early childhood experiences are apt to last.

Feeling worthwhile

A child's way of looking at the world grows out of his feelings about himself and his worth. And how he feels about himself grows largely out of how others see him and act toward him. A child who is treated fairly doesn't look with suspicion on others. He can be trustful, for the parents he puts his trust in have shown him that he can safely do so. He has few fears, because his impulses toward spontaneous, outgoing behavior have not been constantly checked. When he wanted to try doing things for himself, he was encouraged, within the bounds of his abilities. The little boy and girl whose parents have shown warm love for them don't have to struggle to feel affection for other people; it comes natural for them to do so.

A child's belief in himself grows with his accomplishments. Everything that he finds he is able to do, and that his mother and father smile on him for doing, helps him to expand. He needs the approval of his playmates, too; finding that other children listen to his ideas of how to play adds to his self-confidence. He appreciates having people show their enjoyment of him as a companion. If his parents consider his opinions and ideas valuable, he's likely to offer them outside with more confidence.

Whatever feelings a little child builds up about his personal appearance become a part of his personality, and affect his social adequacy. They may be based more on what he overhears or guesses at than on reality. A little girl whose mother exclaims over another child's beautiful hair may easily feel that her mother is disappointed in her looks. When we speak of a person as "very sensitive," or say that his "feelings are easily hurt," we are merely saying that somehow his estimate of himself has suffered, so that he lacks the stout feelings of his own worth that everyone should have. As early as the age

of 4, children are often shrinkingly conscious of a rather minor physical defect.

Believing in himself

Parents can always find things in their children on which to build belief in themselves and their abilities. It has been shown experimentally that a child who may feel unequal to others in some respects will show remarkable self-confidence when he has a chance to use his own special skill. While all children will surely have many failures, and suffer disappointments again and again, their parents can try to see that these are overbalanced by times when things turn out well. Children need to feel the very loving support of their parents, that they are always standing by. They need the reassurance of being told, now and then, that they are wonderful children; they need to know their parents are back of them, even in failure.

Little children sometimes have to put up with adults who thoughtlessly tease them. To be told by a person they hardly know, "I guess I'll take you home with me," is an experience parents cannot prevent, but one which they have to be ready to overcome by reassurance. That teasing is in reality cruel, especially when the victim is a helpless child, seems not to occur to some people, who perhaps tease because they feel awkward with children.

The teasing and name-calling that goes on between preschool children is usually far less sharp than what they have to endure when they are in the elementary grades. Perhaps learning to put up with some teasing is "good" for children. In the absence of definite knowledge of how much frustration by jibes and taunts their children can be expected to put up with, parents may have to work mostly from another angle. Perhaps they can build up their children's belief in themselves, so that brickbats will be more likely to bounce off.

Becoming a person

Out of their eagerness to help their children be comfortable socially and at the same time become socially acceptable to others, parents can easily expect too much. A child who may have stuck out his hand willingly when asked to shake hands at 2½, embarrasses his parents, a couple of years later, by drawing back, under the same kind of circumstances. Parents need not be too surprised at his behavior. The child is a different child now, more aware of himself as a person. He is becoming conscious of the other individual in a way that may make him troublesomely shy if he is urged or forced into "being polite."

Little children don't mind learning the niceties of social behavior, but they will pick up more by watching than by being pushed, at stressful moments, into saying, "How do you do," or following other adult patterns. Pressure about table manners will be mostly wasted effort. More important, it gets in the way of family enjoyment at meals.

Learning to be thoughtful of others

When a child remembers to say, "I'm sorry," when he waits a few minutes instead of interrupting a conversation, when he lets someone else go first—these are the things to comment on, rather than the blunders and forgettings. A child's social progress is all of a piece with his other maturation.

Social maturity involves the ability to share oneself with

others, and a child's first acquaintance with such an ability is through his parents' sharing of themselves. His mother usually has more time for closeness with a child. But the quiet moments of bedside chat before a child drops off to sleep may be the time when a father gets really close to his child, as he can, too, when he plans for the two of them to go together to get the car greased, or to meet the train Grandpa's coming on.

The allure of TV is forgotten when father takes time to read to his children, to help them make toys, perhaps, or better still, to let them help him with a hobby or some work around home.

Learning to accept differences

By the time a child goes to school he is sure to have acquired feelings about the people he sees or comes in contact with. If his parents are generous-minded, thoughtful people they will have inoculated him against the hate and disdain he will sooner or later see displayed for the weaker individual, the

minority group, or the mentally less well-endowed. He will have learned to accept differences between people, to expect them to do things in different ways. If his parents are themselves suffering from fear and distrust they may have inoculated him with such feelings and attitudes that he will never be able to look with an open mind at some of the questions that matter most in the world today. What a child absorbs, in the early years, of his parents' spiritual values, their religious attitudes, their respect for people's differences, and their sincerity can never be completely washed away. A child who is early made aware through his parents' attitudes of the dignity and worth of all human beings, has a better chance than he otherwise would for developing healthy social relations.

Development From Year to Year

Between one and two

Many year-old children still get around by creeping, though they can pull themselves to a standing position, and even stand alone. Some children walk as early as 10 or 12 months, many more walk between 13 and 15 months, and some not until they are a year and a half. For some time after he can walk, a beginner totters, overbalances, and falls more often than he stays upright. He plants his feet wide apart; to keep from tipping over, he seems to run rather than walk.

In addition to learning to walk well, children gain wonderfully in other bodily skills between their first and second birthdays. Cups and glasses are gradually managed with ease. Getting a spoon to his mouth with food still on it becomes possible; though for a long while children like to pick up food with their fingers.

Once on their feet, children have a chance at some independent action. They are eager for whatever freedom they can get. Ignorant of danger, they take great risks, and so have to be thoughtfully protected. Such things as water, stairs, fires and stoves are all fascinating, and a toddler's eagerness to find

out about them pushes him into many scrapes. But if limits, necessary as they are, are too closely set, the urge to action stirs up rebellion. To furnish a child with interesting substitutes for the gadgets he must not touch is a problem.

A child shows that his mind is growing by understanding much of what the grownups around him say. He may actually speak only a very few words, but he waves bye-bye, laughs over "peek-a-boo," and hands over something when asked. He helps to undress himself.

His memory is very short, so hurts are quickly forgotten. He has almost no sense of past or future, but begins to respond to "Wait a minute."

Between two and three

The 2-year-old is a "run-about." Although still not very sure-footed, he has passed through the wobbly months when bumps and tumbles came often. He can go upstairs, by the "marking time" method: one foot after the other onto each step. He can throw or kick a ball and often learns to push the pedals of a tricycle if he can reach them. He is very eager to do things by himself, and he can take minor bumps and falls in his stride, if not overprotected.

He builds blocks into small towers, pulls open drawers, and delights in stuffing things in and out. He likes to fill and empty things over and over again. In fact, he repeats many play activities to a point that seems very boring to adults. Washing is wonderful fun and he goes in for this with much dabbling and splashing. He can generally eat fairly, but only fairly, neatly. He likes to help undress himself and may begin to try to dress.

At 2 short sentences may begin to appear. Some 2-year-olds surprise their parents by reciting nursery rhymes they have heard.

At this stage a child is not yet much aware of other children's feelings, and may push them around without realizing he is hurting them. The shyness, and sometimes suspicion, that may seem strange to a 2-year-old's parents, tell us that he is

becoming more aware of the uncertainties in the world around him.

Parents should not be too disturbed if a child around this age begins to say "no" to almost everything. This "no" or negativistic stage is a common phase in children's development. (See Negativism, page 67.)

The 2-year-old often wants to take favorite toys to bed with him, and likes to stick to certain ways of doing things when dressing, washing, eating.

Between three and four

The fourth year is one of the most fascinating years in the growth of a young child. He can do so many things! He can run and jump and climb; he can ride a tricycle. He bustles back and forth, up and down stairs, running errands around the house.

He delights in making mud pies, or using finger paints. He can make a train or a tower out of blocks. He likes to scribble with crayons, but what he draws has meaning only to him. He can help put away toys. Often, he can carry a tune.

He loves to be with other children. Usually, he can play quite well with one or two at a time; with a larger number he has more difficulty in taking turns and sharing. He boasts about what he can do, and imitates other children, as well as telling them what to do.

A 3-year-old will help with dressing as well as with undressing himself. Some time between 3 and 4 he usually learns to unbutton buttons. He can hang up his own coat and hat after being outdoors, if hooks are within his reach. Since girls develop slightly faster than boys, some 3-year-old girls are able to dress themselves with very little help, if their clothes are easy to manage.

With supervision a 3-year-old can wash his hands and put his towel back on his own rack. He can eat without much spilling and can drink well from a cup.

The 3-year-old pays great attention to adults, listens to their words, and watches their faces for clues as to their approval or

disapproval. Much of his play is in imitation of what he sees his mother and father do. A little girl washes her doll and her dishes, a little boy wants to pound with a hammer, like daddy At this age suggestions from grown-ups, such as "Shall we put the blocks away now?" or "Let's put on our hats and coats," usually are taken willingly and acted on with vigor. Sentences keep growing longer. Three-year-olds like to listen to simple stories and nursery rhymes and love playing at being a rabbit or a dog or a horse. They are very curious about people and things around them and are full of questions. A child may ask, "When is 'tomorrow'?", showing that his ideas of the passage of time are beginning to grow. But "yesterday," as he uses it, may mean last week, or months ago.

Many 3-year-olds sleep through the night without wetting the bed and if their clothes are easy to manage can go to the toilet themselves during the day.

Between four and five

If 3 can be called the age of "doing," 4 is the age of "finding out." "What," "why" and "how" are very often used by a 4-year-old. He is full of questions.

Of course a 4-year-old is a "doer" also, because he is very active. He runs, jumps, and climbs with more ease, grace, and sureness than the 3-year-old. He can pitch a ball and build houses with blocks. He craves being with other children, who help him to carry out imaginative play. He enjoys being silly, along with his friends. He has more fears than when he was younger, for he can understand many dangers.

A 4-year-old can carry on a running conversation with another child or an adult. He makes up little stories that may, or may not, have a basis in fact. He is fond of explanations, like "I did that before; now I will make something different." He likes to sing, and he can repeat whole verses of songs he hears. He listens raptly to all the stories and nursery rhymes he can get people to read to him. Stories that he particularly loves he wants to hear over and over again without the change of a word.

His ideas about time are becoming clearer, and he may ask things like "When will it be Saturday?"

He can, if he is taught, learn not only his full name, but his address and telephone number. He can go on little errands in the immediate neighborhood.

At 4 a child can dress and undress himself if his clothes are simple with fastenings easy to manage. He can go to the toilet without help.

Between five and six

A 5-year-old usually can hop, skip, and turn somersaults. He handles his sled or wagon or even a small bicycle well.

He likes to cut and paste, and to draw and paint pictures. He likes clothes and loves to dress up. He prefers playing with other children, especially in projects such as playing house and building garages and switch yards for cars and trains. At home he likes to help his mother with household tasks and errands, and he thoroughly enjoys sawing and painting along with his father. He can be very skillful in handling tools and utensils if they are suited to his size.

The 5-year-old is more dependable than the 4-year-old. He likes to feel independent, and he can be given more freedom. In some neighborhoods he can go to the store or to kindergarten alone, after careful instruction and practice in crossing streets. He loves to hear and to tell stories, but he is more serious than the 4-year-old. When he asks, "What is this for?" or "How does this work?" he needs a thoughtful, honest answer, that really explains.

2. Play

FEW SIGHTS are pleasanter than a happy child at play. To watch children playing is to see the unfolding of their powers. Play is a great builder. It builds bodies by putting muscles to work. It builds minds, for a child at play is inventive and alert and is solving problems. It builds social awareness, for in play a child must consider other children. It builds health for all these reasons; and outdoor play has the added health-giving values of sunshine and fresh air.

In addition to all this, play allows a child to express deep feelings more or less harmlessly and so helps in his adjustment. It is one of the ways, too, in which a child becomes accustomed to and gets practice in life situations.

Every mother learns a great deal about play by quietly watching her child. By the time he is a year old he makes a noise by banging with his toys and piles blocks one on the other. In another few months, he fills his pail with sand and empties it again; he points out familiar objects in pictures.

Gradually, as a child grows older, he becomes more skillful in his movements; he can pile his blocks higher and may even try to catch a ball. Things that he could not do a few months before are becoming easy. He wants toys with which he can do something. He learns to walk and with this new accomplishment starts the pulling and pushing kinds of play. He drags a box tied to a string and shoves a chair across the room.

Play is so natural a part of childhood that we sometimes take it too much for granted. We say a child is "just playing," and don't hesitate to interrupt him, no matter how intent he is on what he's doing. Sometimes we buy toys hit-or-miss, without stopping to think how more wisely chosen play materials would stimulate his self-education.

Play can be a wonderfully constructive part of a child's life if a place to play, suitable material to play with, and other children are available. It often takes much effort on the part of parents to provide all three of these essentials.

An adult cannot judge how valuable a child's play is to him. What his play means to him, what he should or should not play, is outside our scope as parents, for the most part. What may not seem sensible to us may have real meaning for the child.

Setting for Indoor Play

Even a toddler needs his own place to play. His own room, or a corner of a room, should be fixed so that he feels he has a spot away from grown-ups' things. If in his own play space he is able to touch, to handle, to climb to his heart's content, we have some right to expect he will keep from handling anything he fancies in the living room and from climbing all over the good furniture. A child who wrecks adult belongings may be

a child whose parents have misguidedly thought "permissiveness" meant letting him do anything he liked. But he is just as likely to be one who has had little chance to satisfy his natural desire for activity. A child whose play impulses are satisfied by free play in a setting, indoors or out, where he does not have to be constantly warned against spoiling or breaking something will accept restrictions better than one with no outlet for his energy.

Even a child who has a room of his own will not want to play in it all the time. The kitchen, the living room, the bathroom—in fact, anywhere his mother is—will be his playroom, too.

There is no need, though, for a child to clutter up the whole house. It is his home, but it is the grown-ups' home, too. Confusion can be cut down if children are taught, and helped, from the beginning to pick up as they go along. A 2-year-old delights in helping to pick up blocks. Three-year-olds can understand why paints and brushes need to be put away before a new kind of play is started. The 5-year-old's ambitious block-building project should be started where it won't have to be moved if it is not completed before lunch.

All through childhood teaching about picking up belongings can be made much more effective if parents have a part in what is going on. This is a good time for family conversation.

Outdoor Play Space

Once out of the playpen, a child needs to play on the ground. He likes to roll on grass, to watch ants running in and out of their hills, to pick up pebbles, to make his little wagon go over bumps.

If a child's home is on a busy street, he will need a fenced-in play space longer than if he lives in a safer, quieter neighborhood. Few young children can be depended on not to run thoughtlessly into the street after a ball. They mean to do as they're told about staying in the yard, but temptation makes them forget. They can't understand the dangers.

Little children don't object to being fenced in for a reasonably long play time if they have a sand box, a swing, and a slide to keep them busy. (Consistency in the use of the play yard is a big feature of its success. A toddler who is allowed to play outside when someone can watch him won't be content to be fenced in at other times.)

Materials That Encourage Muscular Development

Between the ages of 1 and 6 every child develops amazingly in his use of his body. His play is the main influence on his learning of muscular control. He needs large playthings at first that call for the use of the large muscles. Only by degrees does he mature enough to use small, fine muscles, such as he uses in cutting along a line with scissors.

At a year a baby will use things that strengthen and develop his back, leg, and arm muscles. He should have steps and boxes to climb on, big blocks to tug and lift. He likes to pull or push something on wheels. Things that he can pound or bang do more than merely satisfy his enjoyment of noise.

By the time he is 2 he enjoys sliding down a gently inclined, smooth board, using the safe type of seesaw called a rocking boat, fitting boxes together, balancing on a walking board, and climbing a safely anchored ladder. Some children, of course, are much more daring than others.

By 3 he's much surer of himself, and uses climbing apparatus and swings with ease. The 4-year-old has acquired such excellent balance that he manages a tricycle with skill. His hand and eye work so well together in throwing that he can toss bean bags into a hole in a board.

Five- and six-year-olds have reached a stage when they can manage things requiring precise hand and finger movements. Cutting out pictures with scissors, drawing with crayons, and

fitting together pieces of simple puzzles have been fun long before this, but now cutting and fitting are done much more accurately. Popular large-muscle activities include such balancing skills as riding on a scooter and using climbing apparatus; some 5- and 6-year-olds have even mastered roller-skating, ice-skating, and swimming.

The following are some of the things that encourage muscular control and all-around physical development:

For the toddler

Stout wagon or wheelbarrow.
Nest of blocks; large (but not heavy) hollow blocks for lifting and piling.
Balls.
Pounding sets (mallet and peg board).
Steps to climb, an incline to slide down.
Small chair to carry and sit on.
Walking board 1 inch x 10 inches x 10 feet (placed flat on the ground for the youngest, raised on blocks 5 or 6 inches for older children).
Wooden blocks that can be hitched together like railroad cars.

For 3- to 6-year-olds

Large, hollow blocks.
Packing boxes for climbing.
Slide (home-made or bought).
Ladder that may be fastened securely to sawhorse, fence, or bars.
Swing, bars, rope ladder.
Hammer, shovel, saw and workbench.
Dump trucks, trains, airplanes.
Wagon, sled, scooter, tricycle.

Eyes, Ears, and Fingers Are Eager for Experience

Especially before he talks, a child gets acquainted with things through handling, listening, or even tasting them.

Because the 1-year-old child still tries things out by his mouth, toys for this age must be safe. They must not have sharp corners and edges or parts that come loose easily; the paints with which they are finished must be nonpoisonous. (See page 131.) They must be strong for they will be banged.

A child below the age of 2½ needs very few bought toys, for almost everything in his home that he is allowed to use

provides exciting new experience. Pot lids make a fine clang, the potato masher has an interesting shape, and tin cans serve many purposes in the sand pile. Pouring water from one container to another in the kitchen sink is a fascinating occupation to a 2-year-old.

Many "educational" toys made at home serve the same purpose as expensive bought ones. Many-colored pyramids of blocks graduated in size, peg boards, simple puzzles cut with a jigsaw from pictures pasted on compoboard, a drum made by lacing pieces of inner tubing over the ends of a large tin can, are a few of the things even an amateur can make for a child.

Simple musical instruments such as blocks to clap together, a triangle, rattles, a xylophone, gong, and drum satisfy a child's desire for rhythmic experience.

Sand is a universal favorite, almost as popular with older as with younger children. For this reason the sand box should be large enough to accommodate several children. Plenty of utensils are necessary for pouring, molding, and road making.

The following are desirable for sensory experience:

Sandbox and sand toys.
Kitchen utensils.
Cartons, boxes, spools, and other household throw-aways.
Peg boards with large pegs.
Musical instruments, phonograph and records.
Waterproof apron and utensils for water play.
Soft, washable, flexible dolls and cuddly animals.
Picture books.

Materials for Creative Self-Expression

In a way, of course, all a child's play is self-expression, since through it he acts out his ideas and his feelings, whether of joy or fear, aggression or submission.

Materials that allow great freedom in the uses to which they may be put are known as "raw" materials. Clay, paints, paper, crayons, sand, and blocks are examples of this type of material since they offer rich variety in the way they may be used. A

child is unhampered by what other people think should be done with them. His own ideas can take shape.

A child who finds it hard to express himself in one way may find special satisfaction in another. Using paints sometimes affords an outlet for feelings that can't be put into words. Given a big brush and a big expanse of paper, a child should be let alone to paint as he wishes. He should not be asked, "What is it?" Whatever he produces will satisfy him, which is all that matters. Show-card or tempera paints in clear primary colors are suitable for children since they are nonpoisonous and also wash out of clothing easily. A plastic apron for the child or one of his father's old T-shirts, and newspapers on the floor, will make repeated warnings unnecessary.

An activity which furnishes one of the most desirable outlets for self-expression is finger painting. When a child finger paints, he needs no tool but his own hands. With his fingers, or if he prefers, his arms or his elbows, he manipulates the paint on damp, glazed paper. Because he gets great satisfaction from the "feel" of finger paints and does not have the mechanical difficulty of managing a brush or crayon, this form of creative activity is deeply enjoyed by even very young children. Finger paints can be made of laundry starch boiled to a paste, with a few soap chips and a little vegetable food coloring stirred in. If a little glycerine is added the mixture will keep longer. Listening to the music of a phonograph record while finger painting seems to relax and free some children's expression remarkably.

Crayons do not offer quite the same opportunity for "letting go" that paints do, but a child can have a great deal of fun with large-sized crayons and big sheets of paper.

Mud is fine play material. Mud puddles to wade in and mud to make pies with are sometimes denied the very child who is in need of them—the child of a mother who suffers from the feeling that she must keep him clean all the time.

Clay for modeling is an inexpensive material, though it takes care to keep it moist and usable. It is more enjoyable to work with than plasticene, as articles made from plasticene do

not keep their shape when handled. Until children are 4 or 5 they rarely mold objects that really look like something, but to squeeze and roll and pat the clay is fun. As with paints, a child should not be given models to copy; he will gradually begin to name the objects he creates.

Dough made of 1 part flour and 2 parts salt, moistened with a little water, can be colored with vegetable coloring and made into dishes, beads, etc., that last a bit longer than things made of clay.

Materials useful for a child's creative self-expression include:

Colored paper for folding and cutting.
Rolls of newsprint paper or wallpaper.
Crayons.
Show-card colors and brushes.
Clay, plasticene, dough.
Scissors with blunt ends.
Blocks of many sizes.
Phonograph records for dancing.

Materials for Imaginative and Dramatic Play

Children delight in acting out in their play the life that they see and hear about. The more imaginative the child, the richer his play life. His parents can encourage creative activity by providing the means for this type of play.

The first imaginative and dramatic play is imitative. A baby not much over a year old will sometimes imitate a telephone conversation, dialing, chattering nonsense, waiting between remarks as he has seen grown-ups do. At this age a child's ideas usually come to him suddenly and in a fragmentary way, suggested by a sight that reminds him of something else. A rope lying on the floor suddenly becomes a hose and he sprinkles imaginary flowers.

Play involving imitation of the life of the household becomes very popular. Dolls, with their beds, carriages, clothing, and cleaning equipment, are the basis of such play. Three-, four-, and five-year-olds play doctor and nurse, they bake, iron, have tea parties, and order groceries or sell them. They play train, load trucks, pretend they are animals.

While a 2-year-old needs few "properties" for his imaginative play, an older child wants things that are more realistic. Flat blocks hooked together can no longer serve as a train; the cars must look like railroad cars. The child who at 2 laid the doll on the floor and covered it head and all with a blanket now tucks it into a carefully made bed.

Much-used equipment will be:

Dolls, with beds and other accessories.

Toy household equipment (dishes, brooms, irons, and so on).

Trains, trucks, airplanes, boats.

Toy animals to cuddle.

Plastic or compoboard animals for use in playing circus, farm, and zoo.

Grownups' hats, shoes, etc., to dress up in.

Blocks, used for construction of towers, garages for cars, fences for cattle.

Outdoor Play Equipment

Every yard where little children play needs some simple play apparatus. A few smooth boards of different widths, lengths, and thicknesses, light enough for a little child to carry, can be used for building and climbing. Large blocks made like hollow wooden boxes (with holes bored in the ends to lift them by) are useful for pushing and climbing. Children like to make their own playhouses; a packing box that is a house today may be a boat tomorrow.

A sandpile or sandbox, and a place to dig, are among the most steadily used features of any play yard, also.

A work table to be used outdoors as well as in the playroom offers children 4 to 6 much enjoyment. It should be equipped with durable and useful tools, such as a hammer with a short handle and a broad head; a small vise; a short wide saw or a coping saw; and short, galvanized nails with large, flat heads (roofing nails). Odds and ends of wood should be provided for the small child to work with—wood soft enough to saw easily and to drive nails into.

Children who don't have trees or rocks to climb need climbing apparatus on which they can try all manner of feats safely. The use of such large play equipment, and of tools, means that there must be a watchful adult in the background, whose presence is also demanded when a wading pool is being used.

Playmates

A little child needs the companionship of children who are in the same stage of learning as himself. He also enjoys the stimulation of being with children who are a little older, and a little younger. Children who are older are stimulating to a child because they furnish many ideas for the group to put into action. Smaller children give a child a chance to feel "bigger" than someone else, which is highly desirable. Through group play a little child learns by following the example of others, by having to consider what others want, by sharing, taking turns, and facing differences of opinion.

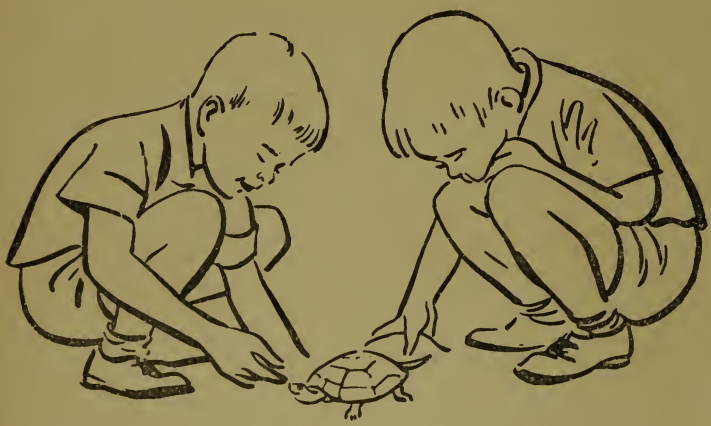
He learns many valuable lessons in adjusting himself to the demands and ideals of his group—experience he will later find valuable in adjusting himself to the demands and ideals of his community. Self-reliance, initiative, and flexibility develop through group play.

Every child should be able to enjoy playing alone at times. Solitary play encourages him to use his imagination; the sky, the wind, even the pattern in a rug on the floor have different stories to tell a child when he's by himself than when he's with other people. Being too much alone is hard on a child, whose hunger for companionship needs to be fed. But at the other extreme, to be constantly surrounded by people doesn't leave a child's inner life enough room to expand.

A child forced to play alone all the time might very well get so used to peopling his days with imaginary playmates that he would hardly know how to adjust to real ones. In fact, children who are by some chance denied childhood companions often show by their shyness that they are afraid. Lack of experience

makes them hesitate to venture, or even to accept friendly outgoing gestures.

No matter what the circumstances children's need for companionship can usually be met somehow by using effort and ingenuity. But it should not be forgotten that in cases where children are rarely freed from other children's society, they may come to depend so on having company that they are unhappy and lonely when left to their own devices.



How Much TV?

The temptation is very great nowadays to let children soak up much of their enjoyment through their eyes and ears, instead of actively creating their own fun. Allowing children to sit in front of a television set is much simpler than to provide them with opportunities for doing things.

Parents as yet have no way of accurately judging what watching television programs so much does to their children, for no previous generation has been confronted by this marvel. Very few who are now parents have experienced seeing their

fantasies come alive on the screen so early as is now happening. From the time they are mere babies, a great many little children sit for long stretches of time, passively watching movement on a screen, and having little or no understanding of much that they see. Even though it is too soon to estimate the effect of television on children, it is important to keep in mind that play is children's main way of growing and learning. Curiosity and action are the heart of play, so lively first-hand experience encourages learning. For instance, at 4 and 5, children should be having rapidly widening experiences with the real world—with real tools, of small size, real exploration of the fire-house, the farm yard, the post office, among the many things in their environment.

Children of preschool and early school age need a setting in which so many of their real interests clamor for attention that they have little time for just sitting as onlookers. Action of their own is what they want. Climbing, throwing, rolling, banging, splashing, running, performing feats of skill with increasing agility—these are the things natural for young children to do. They want, if they have a chance, to do them a good share of the time, with some opportunity for quiet occupations like painting or working jigsaw puzzles for relaxation.

Out of his own activities—experimenting with clay, building with blocks, making suggestions that other children may reject or follow, can come a recognition of each child's *self*, mirrored in what he has accomplished. To feel a growing belief in his ability helps him to separate that self from the one that did great things only in his fancy.

3. Guiding children's imagination

THE PARENTS of one child were amused when they saw their boy, just barely 2, break off a bit of his cracker and hold it up to his teddy bear's mouth. This was the first sign they had noted of their little boy's awakening imagination. From then on they began to notice many little things in his play that showed that he was using the experience he had and the things he saw and heard to add to and enrich the fun he had.

The ability to imagine is invaluable. Without it we would not have the wonderful accomplishments of science and the arts, nor would spiritual advances be possible. And yet a child who lives too much in the world of his imagination can find it hard to keep in step with the actual life about him.

During the years when a 2-year-old puts her dolly to bed, a 3-year-old imitates the sound of an engine, and a group of 4-year-old boys and girls play house or superman they are living in a world which is almost as real to them as the actual one. That a pie made in the sandpile wouldn't really taste good doesn't in the least matter; the two worlds of fact and fancy can exist side by side.

But by the age of 5 or so the line between fantasy and reality is becoming hazily visible. A child who has had wide opportunity to act out his dreams will begin to develop the ability to separate the actual from the imaginary. The chip that has been a boat is seen for what it is. While he's aware that the real boat he tries to make has many things wrong with it, this doesn't discourage his having a lot of fun making and using it. But just dreaming about making a boat wouldn't be so healthy an occupation.

Separating Facts and Fancy

The confusion that shows a child is not straightening out fact and fancy is sometimes shared by his parents. When he keeps on telling tall tales at an age when they think he should be past such "nonsense" they get bothered. How much truth, if any, is there in these stories, they wonder? In an effort to make sure their child does not become a liar, they may begin to question him severely.

In one case, a youngster may have come to rely on a day dream world for satisfaction, because there things happen the way he wishes they would. He reports at kindergarten that he has a big dog that eats 5 pounds of meat a day, or he tells about some feat of strength he's obviously not capable of carrying out. His parents may be surprised to learn that he boasts this way because they have been expecting too much of him. He brags about the "bigness" of his possessions or of his abilities to make up for his parents having made him feel small and weak.

When a child who has reached the age of 6 or so still seems unwilling to come to grips with what is true and real and what

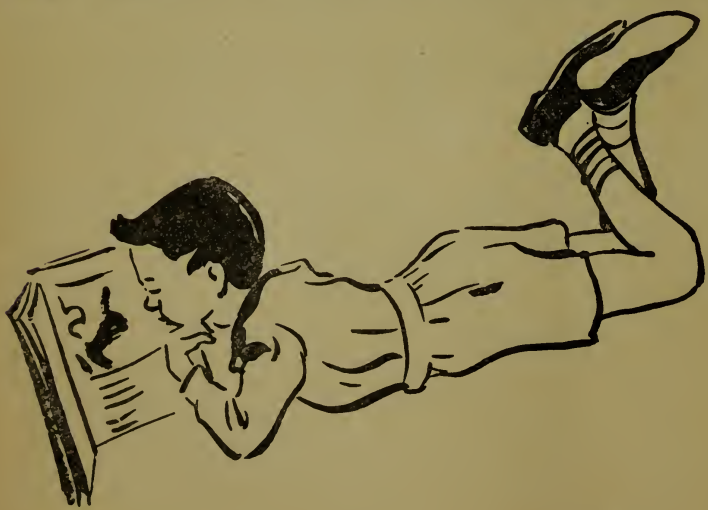
isn't, he may be trying to escape from coping with the real. A child who feels inferior may tell his playmates yarns because it makes him feel important to have them listen to him. His parents might find it hard to believe that the child imagines something is "different" about him.

Such puzzling behavior as when a child brags at kindergarten about how many toys he has at home or "talks big" about places he has been to or what important things his father does, is often a clue to insecurity and lack of self-confidence. Such a child may be longing for toys he is denied but sees other children having; or perhaps he is a fatherless child who is envious of children with fathers.

Imaginary playmates

Sometimes a child is driven by loneliness to invent imaginary companions.

But such playmates are not limited to children who have no real children to play with. Children of an original turn of mind often create another child to enjoy talking to and about. Even though he plays with other children much of the time, a child's



parents may hear him carrying on a dialogue when he is alone, changing his voice so realistically they are almost fooled into thinking another child is with him.

If an imaginary playmate becomes the scapegoat for wrongdoing, parents may want to ask themselves if they have been handling their child's mistakes wisely. Have they let him "get away" with saying that the playmate did something mischievous because the tale Tommy told was so amusing? This way of escaping consequences could set up a pattern that would be harmful.

But a child's efforts to shift the blame can inform his parents that he is beginning to separate good and bad. In his first steps toward developing a conscience he needs the help of his parents; if he is to learn to accept his badness, they must be careful not to make him feel *too* guilty.

Misunderstanding by adults

Imagination is put to good uses much oftener than in ways that cause concern. So much of the joyous play of preschool children is the result of their ability to imagine that we would feel very sorry for a child who could not become part of the fun when his playmates energetically drive cars, fly planes, take care of sick people, and run filling stations. But because parents find entering the world of a little child difficult, they sometimes deal thoughtlessly with the fancies of children, even calling them "lies" when there has been no attempt to deceive.

A mother who enters into imaginative play with her child will find that their companionship benefits, that the child appreciates her sharing experiences with him. It helps her, too, to avoid the bossiness that so easily creeps into grown-ups' relations with children. A child who feels the "oneness" created by his mother's sympathy is readier to be cooperative.

Take, for example, the matter of getting a young child to go to bed without any fuss. A mother who is abrupt and matter-of-fact, who simply says, "Time to get ready for

bed now," is far less likely to gain the willing cooperation of her child than one who watches what he is doing and remarks, "Time for the truck to go to the garage now! The driver needs to go to sleep!"

Sometimes parents are afraid that their child may not learn to distinguish between fact and fancy. They need not be concerned on this score if they take pains to see that the child knows when he is making things up. "That was a fine make-believe story; now tell me a true story" is one way that has been successfully used to help a child check up on himself and to tell make-believe from real life. Pointing out to a child, when reading to him, stories that are true and those which are purely imaginary is another way of helping him to understand the difference between the real and dream worlds. He can enjoy both the poem about how "Jack Frost has got in, you see, and left your window silver white" and the true explanation of frost on a windowpane. He enjoys hearing about old Dobbin, who pulled the milk wagon and knew without being told just which houses to stop at, but he also wants to hear about Pegasus, the winged horse of the old Greek myths.

Punishment for tall tales is, of course, not the answer. Instead, it is necessary to build up the child's feeling of adequacy. Parents need to work very closely with a child's teacher if they find that what he tells at school does not agree with facts. They need not feel embarrassed or humiliated by such things. Teachers are usually very understanding and helpful when they are given the true picture.

Encouraging truth-telling

To know what to do when they are not sure whether or not a child is telling an untruth is a puzzle to parents. Surely it is better to slip up occasionally than to make relations with a child tense or unfriendly by acting suspicious of him. A father and mother who trust a child have an enormous advantage over parents who plainly show they don't know when to believe him and when not to. Can anything build up

a child's morale more than to have his parents respect him?

The behavior of his parents is a powerful influence on a child's character. Their honesty and straightforwardness are catching. If sincerity and integrity are steadfast rules in his home, a child will reflect them in his actions.

"But children do tell lies," says the parent. "Are they natural-born liars?" They certainly are not natural-born truth-tellers! They are small human creatures who have, necessarily, a strong impulse to protect themselves from harm. If we accept from the outset that young children usually tell untruths in an effort to defend themselves, we may deal differently with them. A child's lie may very well mean he is afraid of losing out on his parents' love, which may seem to him to be going to his brothers or sisters.

We need to be careful not to force our children into untruthfulness because we are so eager for them to be upright and honest. If we direct our effort toward giving children reason to feel secure and self-confident, we shall come out better. They won't have to lie.

Why children are untruthful

A child's first deliberate untruth is often caused by his fear of punishment. Asking a child, "Who did this?" or "Did you do this?" when he knows from the tone of your voice that you are upset (over the broken dish, or the picked-at frosting) can make him deny having done it even if he has.

It's hard to keep from asking such hasty impulsive questions, but they may lead to a child's stubborn, continued denial of something he would not hesitate to admit if the matter were approached more tactfully. For example, asking which of two children marked on the wallpaper may leave you completely thwarted, or it may result in one child tattling gleefully. Simply commenting on how ugly the wall looks and saying that crayons will have to be put away for awhile, may be all that is necessary.

When a child takes toys or candy or money or anything that he knows he shouldn't we might ask ourselves if we have not brought this about by putting temptation in his way. It will help if we remember that young children have not yet built up much power of resistance. They may not be able to resist taking money or anything that they like very much when it is right at hand. Only by slow degrees will they be able to be strong. For this reason, it is not a good idea to leave money around where they can find it. If children see us going casually to a purse or drawer to take out money for something we need, they may do the same thing when they want to buy candy. One of the good arguments for giving even very young children a small allowance is that they begin in this way to get an idea of "mine" and "thine." They like the idea of being able to help by loaning, when mother needs a dime. And mother can teach a very useful lesson by remembering never to borrow that dime without asking!

One way of encouraging a child's understanding of property rights, of what is his and what is not his to handle or use, is to make sure that he has belongings of his own. Through the feelings of satisfaction he has in his toys or his books or his pennies, he will be able to understand that other people feel the same way about their possessions.

Having one's own things is a step toward generosity and sharing, as well as toward honest dealings.

4. Curiosity and questioning

ONCE he can use words, a child's world is immensely broadened. No longer is he limited to what he can see, hear, smell, and touch; he can ask about things now, too. When the milkman clinks the bottles, Ted asks, "Where does the milk come from?" When he hears sparrows chirping, he inquires, "Do the birds have a language?" He wants to know why he can't take his teeth out at night the way he sees his grandfather do.

Amusing as a child's questions sometimes are, they also remind us of what a marvelous opportunity this interest furnishes for his early learning at home. By 6 years of age children

whose parents have talked with them a lot, read to them, and shown them many good picture books differ markedly from those who have lacked these advantages. The first prickings of scientific interest come in these years, and parents find they are in on something really exciting.

Taking time to answer questions or to find the answers if you don't know them pays off. We may be tempted sometimes to say, "Oh, you're not old enough to understand," and let it go at that. But if a child gets this response over and over, he may become discouraged. If he gets the idea that grown-ups aren't interested in answering questions his feelings about school may be colored later.

Putting a child off sometimes occurs when he asks important questions, like where he came from, and what it means to be born and to die. The kind of answers children get to these questions may affect them more than we guess. If an adult finds it hard to answer naturally, the child may get the impression that there is something forbidden about what he is seeking to learn.

Questions About Death

Explaining to a child who asks where babies come from that they come from their fathers and mothers and that they grow inside their mothers until they are big enough to get along outside is comparatively easy; but it is a good deal harder for many parents to answer a child who wants to know what happens when a person dies. This is one of the times when a parent's admission that he doesn't know the whole answer doesn't disturb a child, because he has complete trust in his parents and their beliefs.

One of the half-truths to avoid is telling a child that dying is "just like going to sleep." Many a child has been made anxious by the fear of waking up in a box deep in the ground and not being able to get out. To tell a child that he will go "up into Heaven" when he dies is not much more comforting.

For to a very young child, the idea of going to a faraway place and being separated from his parents is almost unbearable. It is more sensible to point out to him that he is not at all likely to die, that nowadays children are given such good care that they do not need to worry about dying. If death comes to one of his playmates, some parents may like to express their belief that such a child is with his grandmother (or some loved person who has passed on), so that the child's imagination will not dwell on how he would feel at being removed from his parents. The idea of being with God is vague to his immature mind, which deals only with things he can reach through his senses.

What is told a little child about death is less important than how he is told. A little child has such faith in his parents that he is ready to accept with comfort the beliefs they express. The forms of their belief, of course, will depend on the religion of the family.

Although having a pet die is very hard for a child, this sort of experience may really be of value to him. By coming face to face with death he begins to sense its inevitability, but through a milder sorrow than he would feel at the death of a much-loved person. By degrees he grasps the idea that everything and everyone must die; but, seeing also the rebirth that takes place each spring, he can get some idea of how life goes on.

Parents who believe that a child's questions should be answered frankly and truthfully are sometimes taken aback when their child doesn't ask them why boys and girls are physically different.

In some cases even quite young children don't ask because they already gather that some subjects are forbidden as far as open discussion goes. Toilet training often makes children conscious of their genitals, for one thing. Probably, too, with some children questions of this nature simply do not arise, or they accept differences between the sexes quite matter-of-factly. Little children very often speak of the possession of long or short hair as being the most noticeable difference between girls and boys.

Why Wait for Questions?

Instead of waiting for a child to bring up questions, plan to give him whatever information he needs as occasions arise. At 3 or 4 for instance, a little girl may be interested in the next door neighbors' baby. If she has already been taught the proper names of the parts of the body that are concerned with reproduction, so much the better. Then she can be talked with in a straightforward way, and as time goes on more information can be added. Little boys are curious about their undeveloped nipples as well as about their genital organs. To admit that we don't know why only mothers have milk for babies won't do any harm. A question about nipples can lead to an explanation of how helpless a baby is, how he needs both the food his mother has for him, and the protection his father gives him.

The matter of attitudes really comes first; the information, or by far the most of it, has to come later. Attitudes toward the body and its functions are communicated long before a child can understand words. At a year, a baby has had a long time to absorb how his mother feels about changing his diaper, for example. The idea that the genitals are dirty, or unpleasant to talk about, may all too easily grow up in a child's mind because they are physically close in his body to the organs through which waste passes. Parents need to try to keep their children from getting such mistaken notions. Simple explanations of the body parts and their functions do much to keep children's attitudes healthy.

When a little child asks how a baby grows, or how it is born, the answer should be based on the child's ability to understand. A 3- or 4-year-old is content with a few words about how the baby starts from a tiny egg inside its mother's body, and gets nourishment from her during the months before he is born. At this age, the child will not be curious as to where the egg came from or how it was fertilized. He will be much more interested in hearing his mother tell how few things a baby can do when it is born, how small it is, and how it is taken care of. He may enjoy hearing about when he was born, and how many weeks it was before he smiled.

By using any opportunities that come along, and even making some, the door can be left open for adding information as it is needed. The coming of a baby in the family, or in a friend's, the birth of puppies or kittens, are examples of such opportunities. The hatching of baby chicks can lead naturally into discussions of how life begins, and how it is passed on, in thousands of families.

A family that has only a boy or a girl can arrange for children of the opposite sex to visit so that while the child is still very young he can become acquainted under the most natural circumstances with the anatomical differences between the sexes. When being bathed, or when getting undressed to go swimming, children note and accept quite readily the differences in the external sex organs.

What children really want is to feel that they can rely on their parents. If the father and mother never let them down by silencing them or telling them they are too young to know or making them ashamed of having asked by showing amusement, they will think of their parents as the natural source of information.

They may, and very often do, forget the explanation that is given and ask the very same thing over again later. When this happens, parents can feel pretty sure their manner has been so normal that the child is not building up inhibitions. If they can answer questions naturally, their frankness will encourage him to come to them when he is puzzled. If parents are the ones who tell him things, they can be sure he gets information that is true. If he has to rely on what he can pick up from other children he is very likely to get the facts wrong.

The child's interest in his own body

Only fairly recently have we realized how natural and normal it is for a young child to handle his genitals. Once his parents have accepted their child's curiosity about his body as perfectly natural they will find that they have a better perspective on some things that might otherwise be upsetting. When a neighbor reports that some other child has undressed hers, a mother who has achieved real understanding can take it calmly. Perhaps she can even calm her neighbor's mind. She may be able to point out the harmlessness of such a happening at this age, when such behavior lacks the meaning it has for adults.

Young children are not self-conscious about their bodies; and if we do not scold them for touching their genitals, nor act shocked or embarrassed when they ask how babies get out of their mothers, they will not become so. Sometimes hesitation is merely a matter of not knowing how to phrase the answers, a situation that can be cleared up by reading and by discussion in groups of mothers with similar interests.

Some mothers are afraid talking freely with their children will center their attention on the subject of sex. This won't happen if a parent is not tense and uneasy. Other parents think their children will not learn to be modest if they are allowed to see each other undressed or to bathe together. Actually, children pick up adult conventions very readily and usually begin to insist on privacy as they grow out of early childhood, if their parents do, too. It is only while they are very young that children need to be told that taking off one's clothes, going to the toilet, and talking of bodily functions and matters of sex are private matters. Children are remarkably quick to catch on to the fact that some things are talked about only in the family.

When the mothers in a neighborhood become disturbed over finding young children engaging in sex play, it very often turns out that many of the children have not had their normal curiosity about their bodies satisfied by their parents. Children

for whom there is no mystery and secrecy, whose parents have not shown embarrassment over their questions, have little interest in such activities. Though curiosity expressed in this way is harmless enough, the mothers of the children involved will want to put their efforts into providing constructive play opportunities. Scolding, or any other punishment, should be avoided, because it gives the happening more importance than it deserves.

Find enough interesting things for children to do and they don't have to fall back on aimless ways of passing time. A child whose handling of his genitals (or thumb-sucking, twisting a lock of hair, etc.) has become habitual has some lacks in his life. Has he enough freedom? Enough companionship? Someone to listen to him? Dependence on self-stimulation suggests that a child may feel forlorn.

A child who early asks, "Where did I come from?" is likely to be one who is curious about a great many things. He's the same child who asks what makes it rain, and whether the birds have a language, and what the blue sky is made of. The search for knowledge begins young in intelligent children, and should be respected and fed.

5. Constructive discipline

TO SOME PEOPLE the word discipline has an unpleasant sound, because they connect it with punishment.

But discipline isn't by any means just a way of handling children when they misbehave. Actually, good discipline often makes punishment unnecessary since it's more concerned with finding things a child *can* do than with waiting until he has to be told, "Stop! You mustn't do that!" It means so directing a child's activities and behavior that he can enjoy, and be enjoyed by, the people around him. For example, having a regular bedtime is discipline for a little child. But it is discipline that makes him more comfortable than he would be if his sleeping times were hit-or-miss, and it makes other people more comfortable not to have a tired, irritable child whining that he doesn't want to go to bed.

If children are to live comfortably with other people, some of their natural, impulsive behavior, which can easily become disorderly and wild, has to be toned down, or channeled into harmless activities. To let a child go completely unchecked would mean he was as unhappy as he made other people! But rigid rules, that block a child at every turn, will not result in his being able eventually to discipline himself. It would be like expecting a plant to stay erect after the stick to which it has been tied was removed.

What thoughtful parents work toward is a time when their child, taking over more and more of the management of his life, gradually becomes dependent on his own judgment. They try to help him develop inner supports strong enough so that he will not need to lean on anyone else.

Teaching a child to be "civilized" doesn't involve the harshness and severity that often seem to go along with discipline in people's minds. A child is more truly socialized and civilized when his relations with his parents have been pleasant, when he was not scared into abiding by "the rules."

To "Conform" Is Necessary

For rules we must have. "This is the way we do." We do have to say that, for in our complicated manner of living we can hardly turn around without running up against a rule or regulation. They have been set up (though many are unwritten) because they are necessary. To take a simple example, children who don't wash their hands before eating are likely to introduce germs into their mouths, so mothers set up rules about washing. While some mothers may be too particular about cleanliness, and manners, and obedience, and some not enough so, all have *some* ideas about "bringing up" their children. Most of us conform automatically to things like traffic rules and respect for other people's property; we hardly stop to think about what it would be like if we had not learned to "discipline" ourselves for the good of all. Peoples who live in more primitive societies are easier-going with their children in some ways than we are,

for their society is simpler. But what taboos they do have on behavior are very strict; a Tibetan child, for instance, doesn't have to worry about learning toilet habits, but the rule of not harming any living thing, even an insect, is drummed into him early. Wherever we grow up, the special rules of that kind of society are indelibly imprinted in our minds.

Up to about the age of 3, distracting a child's attention can often be depended on to calm him down when he's upset over not being allowed to continue what he's doing. But the time comes when he must begin to learn the importance of "rules." By the time he is 5 or 6, a large part of his life will center around rules (looking both ways before crossing a street, not talking out of turn at school, respecting others' property) and so practice in abiding by rules is necessary.

Discipline With Love

Much of our own self-discipline came about without a great deal of pain, and our children can learn that way, too. But only if we help them have the experience of setting up their own controls. With love and patience! Twenty-month-old Paul screams when he can't have the hose the moment he wants it, but has to wait until his sister Doris finishes watering

her flower bed. Paul's father holds him, talks to him soothingly, but restrains him from grabbing. Soon his turn comes.

Suppose, instead, he had slapped at Paul, talked to him crossly. Easier to do than to set limits on the amount of freedom Paul could have, yes. But if Paul's father had used force, had punished the youngster for trying to get the hose away from Doris he would feel more anger than he does over being held and soothed while waiting for his turn.

At 20 months Paul has no idea of what "taking turns" means, but he has quite a lot of faith in his father, and his faith is rewarded. He would only be made stubbornly resistant if his father had hit him. His efforts to get the hose might stop, but if they did it would only be because of fear of more slaps. His learning would be "How to avoid being slapped," not "How to wait."

Each child is different

Children differ in the strength of their inner pushes toward satisfying their wants. Mike came home from his third day at kindergarten announcing he didn't want to go back. His explanation was that "Some children can stand in line for a drink, but I can't stand in line." To some that may sound as though Mike had had things too much his own way at home, but to people who know many children and many families it may suggest only that there's nothing mild about Mike. He's intense, bursting with energy, and may have to work harder than many children to build up controls. His teacher and his parents need to keep in close touch, in order to agree on ways of helping him.

Desires are not always needs

Desires and needs are not always easy to tell apart. Paul's father, in not letting his son have the hose immediately, was keeping clear in his mind the difference between the child's whim of the moment and his very real need to have experience with many new and interesting things.

Some wants or desires are based on needs. But the needs have to be looked at carefully to make sure satisfying the desire will really meet the need. Thus, a child sees in a store window a toy that fascinates him, but that he's not mature enough to use. Sensible parents will not confuse the child's need for playthings with his clamorous desires for *this* toy.

It is often easier, at the moment, to fill what seems to be a need, without questioning it. An ice cream cone is harmless in itself. But supplying one every time it's begged for may encourage a child to believe all his desires should be satisfied at once—a belief that will almost certainly create problems for himself and other people.

Helps to Desirable Behavior

Two things that greatly help parents in establishing self-discipline in their children are *gentleness* and *firmness*. Neither one will work alone. But put the two together and you have a good start. Paul's father found it easy to be gentle with his little son, because he realized that such a young child, scarcely out of babyhood, could not be reasoned with. He might have found it harder to be gentle with a child of 5 or 6, but since he started by trying in Paul's babyhood to understand what he could safely expect of his son, it's likely that he'll also, when the boy is older, measure what he asks against what Paul is able to achieve in the way of self-control.

To be firm is harder than to be gentle. For firmness in an adult can seem like stubbornness—the stubbornness that refuses to question its rightness. To be helpfully firm a parent has to be sure the limits he is setting for his child are really useful ones. He can't set them up just for his own comfort or convenience. When he says to his child, "Not so much noise!" he must be sincere in his belief that his child needs to learn not to trespass on others' rights, and not demand less noise only because of "what people will think."

Giving requests or suggestions, instead of commands, and making them reasonable, helps to keep a child with you, instead

of against you. "The clock says it's bedtime" works better than a flat "Go and get undressed." "Please put your doll carriage in the corner where Daddy won't stumble over it" gives a little girl reason for what is asked of her, a reason that she can understand.

Explanations and directions should be clear and simple. If they are "do" suggestions instead of "don't," children are more likely to fall in with them. "Set the glass down gently" sounds more agreeable to a child than "Don't bang your glass on the table."

By expecting satisfactory behavior, parents often get it. For example, urging a child to "eat your nice peas" can make him suspect that you don't really think they're so nice. To talk about something else when you set the peas in front of him keeps his mind free of any doubt whether he will like them.

Your child must understand what you want. Words don't convey much to a 1- or 2-year old. At those ages a child gets more from your tone of voice and manner when you shake your head and say, "Don't touch!" than from your words. To add "It will break" to the "Don't touch" won't help much unless your child has had some experience with what breaking means.

So *we* have to understand *them.* If you know about what bodily skills your child has, what his mind can probably grasp at a given age, and if you also keep in mind how limited his experience is, you have a much better chance of not having to "crack down" on him often.

For instance, as soon as a child can creep he is going to get into things. He's bent on getting acquainted with his surroundings, exploring, learning through all his senses. Mrs. A., who knows this is going to have a much easier time than Mrs. B., who thinks, "He's always into trouble!" Mrs. A. will arrange things so that her child doesn't have to be warned or scolded all the time. With treasured or breakable things temporarily put away, he can explore more safely. The fewer the times she has to say "No, no!" the more meaning it will have. There are sure to be a good many "no's" in a little beginner's life for

which he can't see the reason. They shouldn't be added to unnecessarily.

Knowing the short attention span of young children helps a busy mother avoid friction. When she suggests something new and different to do before the children in the sandbox have reached the point of throwing sand because they're bored, she is taking account of how briefly an activity holds runabouts' interest.

You can keep trouble from occurring. The arrangements in a child's home may either lead to actions that end in trouble, or they may contribute to satisfying his needs. Mary, just able to totter around the room, soon learns to let her parents' books alone if a low shelf holds old picture magazines and catalogues that she can use as she pleases. The temptation to use crayon on the wall lessens when Tommy has his own huge sheets of newsprint paper to use on the floor or on an easel. A box or stool in the bathroom makes it possible for him to reach up and wash his own hands afterward, too.

Giving a child notice of what is coming up is worth remembering. Whether it's a meal, or bed, or separation from a playmate, a few minutes to get used to a new idea helps.

For little children, discipline needs to lie much more in protecting them from running head on into trouble than in trying to fix things up after trouble has happened. Children who find that things their parents suggest, or tell them to do, usually turn out pretty well tend to trust their parents. And with trust comes listening—listening that sometimes prevents a mistake.

We're fairly—but only fairly—good about seeing the need for protection when it comes to children's physical safety: we don't put a 2-year-old on the top of a double-decker bed to sleep. But we're a lot slower in protecting that same child from the damaged feelings he gets when an adult (ignorant of what he's doing) slaps at him or yells at him to keep quiet in a situation in which the child should never have been placed, because he can't understand "keeping quiet."

Give all the freedom that's possible. It is so common for little children to go through a period of saying "No!" to everything that we even have a word for it—negativism. This stage comes along when a child is just discovering that he *can* say no, that he can put up a fight against the adults who have had such complete "say" over what he ate, wore, and got his hands on, and over where he was taken, and when. His negativism is a very healthy trying out of his dawning realization that he is a separate person.

To be able to refuse, to make a fuss, to rebel is a new experience. Earlier, he could only cry and struggle. Now, he can run from someone who's trying to wash him or put him to bed. He can stand up for himself. And discovering the ability to say "No!" pleases him; it's his own invention. He has been coaxed to "say Daddy," "say bye-bye," "say doggie." Now comes the moment when *he* can think of something to say.

It is just as easy to nod one's head in a "Yes" as it is to shake it in "No," but babies learn the "No" sign first. This in itself might warn us. Are there more things we don't let little chil-

dren do than there are things to which we can safely say "Go ahead"?

It is partly because we do have to think so constantly about a baby's safety that we find him resisting us. But if a child gets to saying "No" a great deal or resisting what seems desirable for him to do, it should be a warning to us. Like a "Danger" signal on a road, it should slow us down, and make us watch carefully to see *why* he feels resistant. Are we keeping him too closely penned up by the very watchfulness of our care? ("Don't play in the mud!" we say, when the experience of finding out what the sensation is when you handle mud is one he should be dressed for and have, sometimes.) Are too many adults giving him orders, or helping him? Is too much concern being shown about what, and how much he eats?

A child may be excused for wanting to show he has a *little* something to say about his own life. It won't go beyond that if his parents don't react to his plunges into independence by cracking down on him. If they take his negative attitude as an indication that he needs *more* freedom, rather than less, the resistance won't amount to much. It's only when parents get excited, and punish the child, that negativism gets a really good hold. Then, it begins to separate parent and child. There begins to be a battleground between them.

To have a right to say "No" once in a while cheers a child up. There are times, too, when he can make a choice—between two foods, or two directions for a walk.

Giving children opportunities for independence avoids many a scene, as well as promoting a healthy self-reliance. When a 2½-year-old wants to put on his shoes himself, his mother will find that it takes less time to let him, though she has to watch to see that he doesn't get them on the wrong feet, than it does to soothe a child who fights having it done for him. (Of course, when it's a matter of catching a train, she has to put the shoes on him even if he does yell; here, he's learning the discipline of necessity, and that his mother can be firm.)

The same thing goes for the 3's, 4's, and 5's. Let them try the things they think they can do by themselves. The results

may look pretty rough by adult standards, but having the independence they crave will keep children from feeling resistant. Then, when they do have to submit to restraint, to save time or for reasons of safety, or when they ask for help because what they're trying is too hard, there won't be rebellious feelings.

Interest in some forms of independence—like dressing promptly, for example—has a way of dying down once the excitement of being able to get along without help wears off. Expecting such periods of disinterest and pretty much overlooking the annoyance they can cause is a form of constructive discipline that might be used to advantage.

The parents' well-being influences the kind of discipline that prevails in a home. A woman who takes time for even a short regular rest period for herself will be more relaxed at the end of the day. When parents are tight and tense they are more likely to fall into the trap of thinking they must "hurt"

their children to make them "good." When rested and calm, they have more confidence in their ability to do a good job, and are in a better position to be sensible, or even far-sighted, about discipline. They can even afford, once in a while, to be amused instead of taking their job too seriously.

Physical well-being helps. Like adults, children are less able to control themselves when they are hungry, or tired, or ill. But unlike adults, they do not always recognize that hunger makes them cross, or tiredness makes their voices shrill.

The more orderly and regular a preschool child's day is, the more difficulties are headed off. Fussing or crying at mealtimes is far less likely when children do not come to the table so hungry and fagged that they can't eat properly. Not that a child's meals, or nap hour, or playtime should be so clock-dictated that his day marches rigidly from one thing to another. But the discipline of getting a little bit hungry, a little bit sleepy is about all a young child can manage.

Why empty threats in vain?

Even thoughtful parents will probably find themselves letting a threat escape their lips now and then. They may mean only to give warnings about what is bound to happen but wind up voicing empty threats. This is especially likely to happen when people are hurried, when a child seems to be deliberately making trouble, or under some other trying circumstances. "If you don't stop I'll — — —" and "I'm going without you if — — —" are familiar beginnings of statements that have all manner of endings.

Threats don't produce the wanted results, but there are other effects. Children get to know their parents won't do what they say they'll do, which is sad in itself. A child's belief in his parent's word should be something to bank on.

Ineffective threats may make a child become more unruly rather than less so. To listen to repeated threats of punishment or to be told, "I won't love you anymore if you do so and so," can end in a child's ignoring his parents' warnings, because he becomes hardened to them. He may get so tired of the warning

voice that he is secretive about doing things for which he knows he'll be criticized.

To be effective, a threat must be carried out. This points up the need of using threats rarely, saving them for times when danger or harm would almost surely result from a child's action. If threats were limited to such things as what you will do if a child continues running into the street or playing with matches they would be more useful.

Bribes for good behavior are in a class with vain threats. They suggest that their user may be either too lazy or too indifferent to think up more wholesome ways of influencing behavior. To be sure, it *is* much harder to get a child to *want* to do what he should than to promise him candy or money if he'll do it.

How conscience develops

When parents say repeatedly, "Be a good girl," or "Be a good boy," the unspoken hint is that they're afraid the child won't be. To have a child get the feeling that he is "bad" would be sad.

Parents' emphasis on "goodness" is easy to understand. They want to make sure that their children learn the difference between doing right and doing wrong, that they build up an inner sense that will help them recognize and distinguish between desirable and undesirable acts. What parents sometimes forget is that the pattern of actions and beliefs children see in their home is what counts most. The "good" things their parents do and think and say will help form the conscience that develops in the child. Constant warnings to "be good" can make a child feel guilty all the time because he can't live up to the perfection his parents seem to demand. Then, in the belief that his parents have no confidence in him, he may decide, "I might as well *be* bad."

Father's Part in Discipline

Nowadays we recognize that, unfair as it once was for father to be thought of as carrying a big stick, it is equally unfair to

push off on him disciplinary problems that concern things that happen when he's not around, or to ignore him completely on such matters. On the average, American fathers know well how to take care of little children. From the formula-making and diaper-changing days on more and more of them find they are about as handy as women. If they appear—as some do—to prefer to leave the disciplining of their children to the mothers, it may be that they believe their wives are in a better position to be wise judges of conduct. Fathers may argue that since mothers have a chance to observe closely all day long, they have more understanding of a child's behavior, his relations to his playmates, and all the other features of his daily life.

If this is true, it is also true that mother and father need to take time, when they are alone together, to talk over things that come up. Incidents may be less puzzling when the two of them can look at them from all sides. A father needs, if he is to keep close to his children in spite of daily absences, to be fully acquainted with their joys and sorrows, their failures and successes. He will hardly be able to build or keep a close, warm relationship with them if he is only someone who hands out punishment or pennies, depending on his mood.

When is punishment necessary?

Almost without exception, parents punish their children in the hope of improving their behavior. If a second child in a family is punished less than the first one, it may be that the parents are really learning on their job.

For the better the discipline, the less punishment, in the usual sense, seems necessary. A large proportion of little children's actions that cause trouble are not done purposely. Such mistakes can hardly be said to call for punishment. However, when a child deliberately disobeys a request or a rule, or deliberately repeats some things he knows he should not do or say, steps that may help him to do better another time are desirable. This is what our modern idea of punishment is: an experience sobering enough so that an act is not repeated, but designed to

make the child thoughtful, rather than vindictive because of having suffered pain.

Some punishments, even though meant to be helpful, fail because they are not much more than adult temper tantrums. However, if a father's or mother's angry words are so rare that they make a strong impression on a child, that alone may be punishment enough so that the child thereafter shuns the poor behavior. Here, the uncommonness of the upset is what makes it effective.

A parent's grave disapproval is often a sharp enough rebuke to make a little child regretful, and eager not to displease again. But disapproval implies that a child is "bad," and that is about the last thing we want him to believe about himself. When he has done wrong he especially needs the encouragement of his parent's belief that he can do better. To be cut off from his parent's smile is a severe hurt, and one that should be brief. And he needs to know that we expect him to have bad *feelings* now and then; it's the unacceptable *behavior* he must learn to control.

Unless our treatment helps a child *want* to do the desirable thing, we need to change our methods. One reason why constant slapping, yelling, spanking, or nagging at a child is so pointless is that such treatment directs the child's thoughts toward the advisability of not getting caught in wrong behavior. Punishment based on making a child afraid is also likely to arouse resentment, which can pile up into a barrier between parent and child.

Parents can stand only just so much, of course. Children aren't going to be ruined for life if their parents occasionally let loose and show plainly that they are upset. A spanking that's given under such circumstances (that "clears the air for weeks," as many a mother has put it) mustn't be confused with the stick that's ready behind the door. Parents themselves admit that frequent spanking is ineffective, even aside from the fact that it encourages sneaky behavior in a child to avoid being hurt.

When the results of what a child has done can serve to show him his mistake, we have a real learning situation. If he hits

another child, going without companionship for a short time reminds him of what he has forfeited by his behavior. If he insists in running through mud puddles, having to stay indoors while his shoes dry will probably be more effective than a scolding.

On the whole, punishing a little child for faults and blunders and strong-willed efforts to assert himself ought not to engage a great deal of parents' attention. But they do need to give thought to the more positive approach; that is, to giving approval of behavior that shows their child is learning to manage his wayward impulses. The kind of restraints that are necessarily used with children too young to understand explanations give way more and more to talking things over, and coming to an understanding on the basis of good sense. By the age of 6 a child does not fuss and rebel as he might have at 3 over being told a sheet of ice on a pond is too thin to walk on.

6. Children's food needs

IN THE YEARS between 1 and 6 a child uses a great deal of energy running and climbing and handling his play equipment. Whether his body is prepared for what he does depends to a large extent on what he eats. In spite of his increased activity, a child, once he is a runabout, does not eat as much, in proportion to his size, as he did when he was a baby. One very good reason for this is that he is not growing nearly so fast. Another reason seems to be that he now has a great many other interesting things to do, so that eating no longer takes such a prominent place in his life. So don't be surprised, or concerned, when appetite tends to slow down.

What your child eats is as important as ever. If he is to have a strong, muscular body to carry on his energetic activities he must have foods that supply the proteins, minerals, and vitamins that are needed to produce bone and muscle. Once a child eats the necessary foods, like eggs, meat or fish, milk, fruit and vegetables, bread and cereal, he can have other foods that appeal to him. But he won't have a great deal of room left for the sweet things that are a frill in his diet.

The foods your child will need for the next few years are much the same as your doctor approved your giving to him in late babyhood.

Milk, of course, will still be one of his most important foods, but he should have learned not to rely on it to the exclusion of other foods. Some children who are a year or more old haven't yet learned to get all their milk from a cup, and continue to need the bottle that has been such a friend at naptime or bedtime, or both. Unless he is getting so much milk he refuses other foods, there's no reason for hurrying a baby away from his bottle.

As a child gets more teeth and can chew better, he need no longer have the finely divided foods that were necessary earlier. It pays to begin before a child is a year old to introduce some foods that require chewing. To go on feeding a child from the jars or prepared vegetables, meat, and fruit he is used to is easy, but may cause him to refuse to try others. An early start at giving the baby some of the regular foods prepared for the family helps to prevent this.

Appetites Vary

At the same time that a child's appetite is slowing down he is beginning, more and more, to feed himself. This means that his mother has to watch to see that he doesn't avoid some of the foods he needs most, and fill up on things that satisfy him for the time being, like sweet foods. It takes some time before the effects of such a lopsided diet begin to show up. But the resulting poor posture, flabby muscles, and other defects a doctor

could detect need never come about if the mainstays of a child's diet are, from babyhood on, the essential foods listed on page 82. Those that become familiar to him early will keep on being the ones he depends on and enjoys.

Remember, each child is a law unto himself as to the size of his appetite. A child who can't eat much at one time needs to eat oftener than one who eats larger meals. But snacks for such a child must be at regular hours, and nourishing. They need to be timed in mid-morning and mid-afternoon so that they won't keep him from getting hungry for his next meal. "Piecing" between meals often means eating sweet crackers, candy, or sweet beverages at almost any hour. These taste good but spoil the appetite for more desirable foods. What's eaten between meals should make a real contribution to daily food intake: fruit, or tomato juice, a small glass of milk, a small peanut butter or cheese sandwich and the like are good choices. And a mid-morning or mid-afternoon pick-up does not interfere with appetite as irregular nibbling or piecing does.

Children who play hard are usually hungry at mealtime. But play can be so exciting or last so long that a child gets too tired to eat. A short rest before a meal is always good, even though it's no more than a few minutes sprawled on the floor with a picture book. Children who get keyed up easily and are easily distracted from anything as commonplace as food, are the very ones who profit most by a quiet time before meals.

A bedtime snack sometimes helps ease a child into rest and sleep. When such a snack consists of sections of orange or apple, or carrot strips to nibble on, damage to the teeth, as might happen with foods that stick to the teeth, like bread or cookies, need not be feared.

Food Likes and Dislikes Come and Go

Like the rest of us, children vary from time to time not only in how much they eat but in what foods they prefer. They have spells of wanting to eat the same things over and over, and then may refuse those very things for a while. Mothers who

are prepared for such behavior take refusals calmly. They know that if sweet potatoes are turned down, they can try carrots next; many of the same nutrients are in both vegetables. If you don't make an issue over the dislikes, they often turn out to be very temporary.

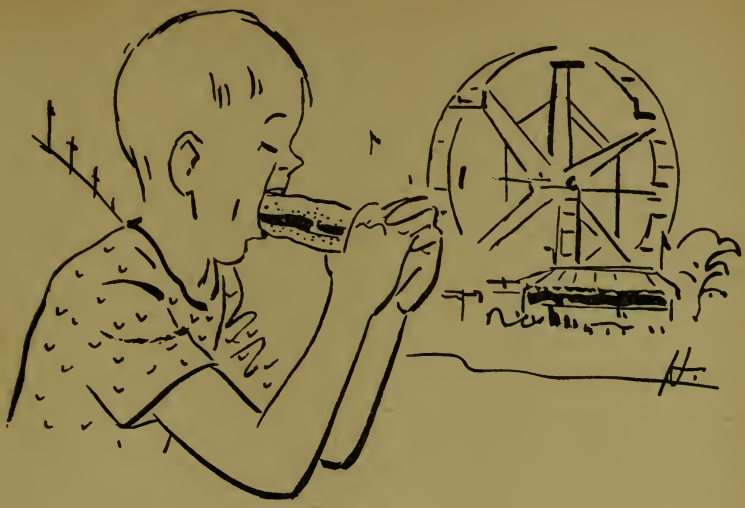
Little children tend to be suspicious of new foods, and they rarely like combinations of 2 or 3 foods. New foods have to be offered a little at a time. If a child leaves even the small amount served him, it's better not to make a fuss. Serve the food again in a few days, and he may accept it. Few foods are indispensable.

And children don't waste away, even when they get queer quirks about what to eat. It's mothers who waste away, if anyone does, from unnecessary concern. Children sometimes find it very satisfying to tease their mothers by resistance to one food, insistence on another. If a child wants 2 or 3 eggs at a meal for a while, it's all right to let him have them. There's no harm in letting your child fill up on some food he wants, for days, provided it's easily obtainable and is one that is ordinarily considered desirable. Sooner or later his enthusiasm for this food will die down, and he'll find room for others.

That is, he will provided his notions are not talked about before him and he is not urged to eat the unwanted foods. A young child may continue refusing certain foods if he finds that this is a good way to show that he isn't so small and unimportant as it sometimes appears. These quirks about foods appear along about the time children are discovering themselves as persons, and are testing out their parents to see how much they can influence their actions.

Foods Should Be Easy to Eat

Making things easy for beginners to eat and drink helps foods to go down promptly and peaceably. Things like meat and vegetables cut into bite-size pieces are convenient for either fingers or spoon. Bread and butter made into sandwiches and cut into strips save crumbs and tempers. Quarter-full tumblers



of milk don't spill quite as easily as full ones do; and many children drink more milk when they can pour it from a small pitcher into a little mug.

If you serve small portions, your child will not have the discouragement of seeing more than he wants. He will get a sense of achievement from cleaning up his plate, and he may even ask for more.

For a long time, a young child's fingers will be his preferred way of getting his food. Some mothers (and fathers) find it easier than others to shut their eyes to the mess. Some can't seem to realize that the spilling and daubing and patting will be only temporary. For them watching their child getting egg in his hair is such torment that they take over firmly and feed him. This solves the immediate problem of getting food into the child, but it may create new ones. Most children are smart enough to observe that this business of their eating is of vital importance to their mothers. They begin to use this concern to their own advantage. They find refusing food sometimes bring the reward of being offered something they like better.

"Feeding problems" often have their origin in the anxiety that a child's mother displays when her baby discovers what a weapon he has in being able to close his mouth and turn his head aside.

So remember: your child will eat more neatly, as his muscular coordination improves. The waste and bother while his early learning is going on will not be so costly as the lasting resistance you might set up by constantly correcting him or feeding him yourself.

Such helps as a plate with raised sides, plastic cups, and a spoon and fork with short, straight handles are worth a trial. Newspapers spread on the floor under high chair or table help. Sometimes it is better not to sit down with a child, but to go about your work in the kitchen while keeping an eye on how things are going.

Good Conditions for Eating

Once a child is eating at the family table or a table of his own, his comfort needs to be especially considered. He needs a chair with a seat high enough so his chin is comfortably above table level. His feet need to rest on the floor, or on a firm support. A child who is perched awkwardly during meals can hardly be blamed for losing interest in his food. He should neither be neglected, as far as conversation goes, nor the center of attention. He needs pleasant comment when his table manners are acceptable, instead of criticism when they fail him.

Adults or older children who talk about food, or who keep prompting a child to eat, are no help. A child's real comfort at meals includes freedom from urgings. Others in the family can help a lot by cleaning their plates; it will be their deeds that count when it comes to imitation, not their words.

Many people used to use dessert as a reward for a child when he had cleaned his plate. Nowadays, eating all of each food on his plate is less often demanded, and it is pretty generally accepted that a simple dessert, such as sliced oranges, or a custard, is a worthwhile part of a meal, eaten first or last. Unless a

family is in the habit of putting the entire meal on the table, a child isn't going to be tempted to start with cake, when that is the dessert. He can't be expected to have much appetite for meat and potatoes if he starts on a sweet, "filling" food. Sometimes a child is a naturally slow eater or is eating slowly because he's absorbed in listening to the conversation; then, chances are that serving dessert to the rest of the family will speed him up better than warnings.

A pleasant atmosphere at meals is as important as any item of food. A child who is tired, or cross, or unhappy won't get the benefit he should from his food. Parents who try to keep mealtimes calm and serene can be sure they are contributing to their children's good nutrition.

To have a child eat alone often seems to be a good solution to dawdling. It's possible that a child is too distracted at the family table to put his mind on his food. If he eats first, he can come to the table later and join in the conversation if he wants to, as he may on occasion, especially if there are guests.

A child whose dawdling or refusal seems clearly connected with lack of interest in food may need a close look. One whose indifference to food lasts on and on needs to be under a doctor's supervision. On the other hand, not wanting to eat can be a first symptom of illness—a cold coming on, perhaps. Report to your doctor if loss of appetite is accompanied by other signs of illness or if it persists more than a few days.

The table below gives a general idea of a good daily diet for children of this age. How much of a given food they can be expected to eat at a meal is given on page 82. Neither the total quantity for the day nor the size of a serving should be looked on as a rigid standard. Take milk, for example. Some children do not willingly take as much as 3 cups (1½ pints) a day, including what is used in and on foods as well as to drink. Some will take milk readily but if they drink 3 to 4 cups they have almost no appetite left for other essential foods. You and your doctor together can work out a plan for adjusting the quantity of milk and of other foods so that a given child can be well fed on food that he enjoys eating.

Foods That Will Meet Needs of Healthy Children From 1 to 6

Food	*Approximate quantity needed daily*	*Average size of serving for each age*		
		1 year	*2 & 3 years*	*4 & 5 years*
Milk, to drink and in or on foods.	3 to 4 measuring cups.	½ to 1 cup	½ to 1 cup	1 cup.
Eggs	1	1	1	1.
Meat, poultry, fish, cottage cheese.	1 to 4 tablespoonfuls.[1]	1 tablespoonful.	2 to 3 tablespoonfuls.	4 tablespoonfuls.
Potatoes, white or sweet.	1 serving	2 tablespoonfuls.	3 tablespoonfuls.	4 tablespoonfuls.
Other cooked vegetables (mostly green leafy or deep yellow ones).	1 to 2 servings	2 tablespoonfuls.	3 tablespoonfuls.	3 to 4 tablespoonfuls.
Raw vegetables (carrots, cabbage, tomatoes, lettuce, etc.).	1 serving	Small portion (such as, ¼ medium-sized carrot)		
Fruit for vitamin C	1 medium orange or ⅓ cup citrus fruit juice or ⅔ cup tomato juice.	⅓ to ½ cup	⅓ to ½ cup	⅓ to ⅔ cup.
Other fruit (apples, apricots, bananas, pears, peaches, prunes, most berries, etc.).	1 serving	¼ cup	⅓ cup	½ cup.
Bread, whole grain or enriched.	1½ to 3 slices	½ to 1 slice	1 slice	1 to 1½ slices.
Cereal, whole grain, enriched or restored.	1 serving	¼ cup	⅓ cup	½ cup.
Butter or fortified margarine—Spread on bread, and used to season vegetables.				
Fish-liver oil or vitamin D concentrate or vitamin D milk.	400 units	(A quart of vitamin D milk contains 400 units.)		

[1] One tablespoonful means a level tablespoonful.
A rounded tablespoonful is equal to 2 level ones.

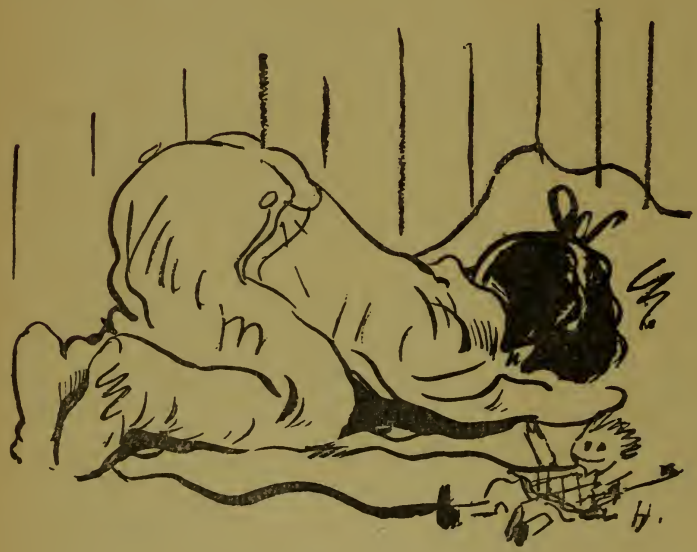
The servings suggested on page 82 are based on observation of a great many children. They represent a fair average. But who knows an "average" child? We wouldn't talk about average servings, either, if some children didn't eat more than this and others less. Parents should not be disturbed just because their child eats more or less than an average serving for his age.

The table that follows suggests only one pattern by which the foods listed in the guide may be divided into meals. You will see that these meals are not very different from what older members of the family may be eating. By choosing different kinds of meat, fruits, vegetables, and cereals, there is ample chance for variety within this general pattern.

One Plan for Dividing Day's Food Into Meals

breakfast	lunch or supper	dinner
Fruit or juice	Egg	Meat, fish, or poultry
Cereal with milk	Cooked vegetable (1 or 2)	Potato
Toast or other bread with butter	Bread and butter	Raw vegetable
Milk	Milk	Bread and butter
	Cooked fruit	Milk
		Milk pudding or fruit dessert

At meals, or at regular times between meals, other foods may be included if a child is hungry enough to eat them in addition to the more essential foods.



7. Sleep

IN ORDER to grow and develop properly, children need an abundance of sleep and rest. The younger a child is, the faster he is growing and the greater are his sleep requirements.

Children do better to sleep alone, if it can possibly be managed. If a child must sleep with someone else, it should be with a child, not an adult. Studies have shown that children do not sleep well in the same bed with an older person. After the age of 18 to 24 months, it's preferable for a child not to sleep with another of the opposite sex. Before the end of the first year a child should be out of his parents' bedroom. If each child can have a room to himself, so much the better.

Keeping to regular hours for sleep and rest contributes greatly to a child's well-being, for sleep, like hunger, is one of the body functions that follows a rhythm.

For young children some sleep during the day is better than having all the sleep come at night. Even after your child no longer naps in the afternoon, he needs some time when he can relax and be quiet. Many children, however, continue to nap at least occasionally until they are 4 or 5.

Children well beyond kindergarten age often fall asleep at school on their cots or mats when given a chance to do so. It is a good idea to include a rest period, such as many schools now arrange for children who have reached the age of 5 or 6 and are in school part or all of the day. The experience of being in a large group in a schoolroom greatly stimulates most children until they get used to it. During the first weeks of school, especially, rest at home is essential. Special thought should be given to time for rest if crowded conditions exist at school. A child who must go to afternoon kindergarten sessions should rest before or after his lunch if he is an early riser.

Naps and Rest

Young children usually eat their noon meal better if they have been allowed a few minutes to calm down from play. Perhaps coming in and washing up, taking off outer garments and shoes will have a quieting effect, but in some cases actually lying down for 5 or 10 minutes will be better. This is a practice frequently carried out at nursery school, after long experience.

If your child's nap always immediately follows his noon meal, he will lie down more willingly than if he is sometimes allowed to play around for a while afterward. Since cutting down things that excite a child has much to do with his being in the mood for sleep, the relaxation that follows eating will help in getting him to sleep.

If from babyhood a child has slept while household noises were going on, ordinary sounds should not disturb him; his

closed door should be enough protection. Pulling the shades at naptime will lessen the distractions that keep a child awake.

Many babies have changed from two naps a day to one by the time they are a year old. This nap needs to be planned so that the child can be out of doors during some of the best sunlight hours.

The length of the nap will be shortened between the ages of 1 and 5 but the length of nighttime sleep will hardly change at all; individual children vary a good deal, but most of them sleep 10 to 12 hours at night throughout this period.

One- and two-year-olds usually take a nap of about 2 hours; 3- and 4-year-olds gradually cut their nap to about an hour. If his nap is put off, a child may be so tired that he sleeps too long, loses out on the time when he could be out of doors, and may not be ready to go to bed at a suitable hour.

When your child is outgrowing his nap, tell him that he need not go to sleep but may rest. Being alone for three-quarters of an hour or an hour (with picture books or toys for quiet play) will rest him a good deal. Sometimes, in a room by himself, he will fall asleep, once he is relieved of proving that he does not want to.

Sometimes a child fights sleep for a reason like fear of missing fun when older children get home from school. A promise to wake him at a certain hour may help. Anyhow, it is better for a child to lose an occasional nap than to have battles and tense situations over sleep.

Very few children go to sleep "as soon as their heads touch the pillow," and we should not expect them to. Some children take 15 minutes, some half an hour, before they drop off.

Night Sleep

One of the arguments in favor of getting children to bed early is their parents' need for relaxation. But if you want your children to go to bed willingly, you will not hurry the bed-going routine. To do so could easily give the impression that

you want to be rid of them. A child who feels in his bones his parents are in a hurry to get him out of the way will naturally try to stay up as long as he can. If, on the other hand, regular hours have always been the rule, and going to bed has always been made pleasant by conversation, stories, or music, he will accept it pretty matter-of-factly.

Give your child a few minutes notice before bedtime so that he can wind up what he is doing. Bobby will more readily accept leaving his play with Ann if there is a definite hour when each goes to bed; and putting the burden on the clock keeps a child from feeling that personal pressure is being put on him by his mother or father. Being allowed to stay up 15 minutes or so later each year can be a reminder he is "growing up."

The hour for going to bed will depend on family routines. Although children differ in their sleep needs, the average child sleeps about 11 hours a night. Thus, if his parents are very early risers, they will want to get to bed accordingly. If they are late risers, and keep children up for fear the youngsters will disturb them too early in the morning, they should make sure that the children's naps and rests, along with their night sleep, add up to enough hours.

Parents who live in daylight saving time areas often say that in the summer their children find it hard to go to bed while it is still bright daylight. In such cases rests and quiet play during long hot afternoons should be carefully planned. Water play in the bath tub or out of doors in the shade, under a hose or in a tub or rubber pool offers a most enjoyable kind of hot weather play.

One of the good reasons for a regular bedtime, especially during the school year, is that when children go to bed later than usual, they generally do not make up their lost sleep by sleeping later in the morning. Teachers can testify to the results in school, next day, when children have had less sleep than usual. If you can, arrange things so that a child has plenty of chance to sleep 11 or 12 hours without being disturbed by the bustle that occurs when others get up.

Problems Connected With Sleep

Why do problems so often come up about children's sleep? For a great variety of reasons, we can be sure, but among them runs one thread: parents would like to be able to ***make*** their children sleep, and they can't.

Parents usually want children to sleep for the perfectly good reason that children *need* to sleep. But it is easy to slip into feeling that a child is being ornery and resistant when he doesn't sleep at a time you think he should. Once a child senses any irritation in his parents about sleep, the stage is set for trouble.

Parents try to give their children sleep, and they don't accept it. When children are hungry, we can give them food, and satisfy them. When they're sleepy, we can't always "give" them sleep. All we can do is to make the setting such that they will accept sleep, and will let it come. Quiet—darkness—

absence of distractions—adults who court sleep know how much these help. Rhythmic sounds, monotonously repeated, help; the whir of an electric fan or the sound of a soothing recording, played softly, are definite aids to sleep. When a mother sings lullabies, she is creating the right kind of a setting for sleep.

Giving a child something to eat, or a cup of milk, before he goes to bed helps; it's hard to fall asleep on an empty stomach, and his may be, if some time has gone by since his last meal.

When children fail to go to sleep fairly promptly at night, perhaps it is due to one of these causes:

Exciting play near bedtime. The end of the day is often the only time a father has to see his children, and he may be tempted to play with them in an exciting way. Romping is thoroughly enjoyable to young children, but it may leave them keyed up. A more relaxing activity—a story hour of work on something he's helping them make — gives the children and him just as much pleasure. Stories read or told, or seen on television at this time, need to be picked with care; preschool children are very imaginative and tend to be more disturbed than adults realize by the adventures heard in stories or seen on a screen.

If a child gets worn out because of too strenuous play with other children late in the day, you may want to encourage quiet indoor play at this time. Play that involves a lot of screaming and running and "bang-bang-ing" just before bedtime is hardly a good preparation for sleep. The bath tub is a fine place to relax in for a child of 4 or 5 who can safely play alone there.

Lack of sleepiness. If a child is not sleepy after being in bed a good while, his nap may be coming too late in the day. His whole schedule may need changing. Perhaps he is a child who needs less sleep than the average, or he may be getting little play in the open air.

Demands for attention. There's always a reason back of a child's making a nuisance of himself after he's put to bed by asking for a drink of water, a handkerchief, a trip to the toilet,

or to have his bedclothes straightened out or a noise explained. But the reason may not be what you think it is. This clamor for attention may be a child's way of saying, "You're glad I'm in bed, and I'm not going to let you stay glad." A child likes to feel he is important, and if he discovers that he can make his parents step lively, he can think up a whim a minute, for the fun of being in the center of things.

Another possible reason may well be that your child really needs you. He may be reluctant to be separated from you, due to some fear that he can't put into words. The cure for such behavior is to be sure that he has enough expression of your devotion, and that you give him attention freely during the day. Be careful not to hustle him off to bed. A leisurely, pleasant bed-going routine will save time in the end, and result in a more relaxed child. Try to foresee his needs and take care of them before he goes to bed; tell him that when you say good night and close the door, it is final. If you say it firmly and convincingly, he will believe you. He will not confuse firmness with harshness.

If parents let a child do a thing one night, and deny his plea on another, then no pattern of what to expect builds up in his mind. So firmness needs to be coupled with consistency.

Undesirable physical conditions. Sometimes when children are restless, or keep waking up, the conditions under which they sleep need looking into.

Children are more often too hot than too cold, as many mothers tend to cover them too warmly Because he has more skin surface for his size than an adult, a child heats up and also cools off more quickly. His bed covers should never be heavy. If his room is very cold, it is better to put on an extra garment, such as a sweater, or an extra pair of warm sleeper pants with feet, than to load him down with covers.

In very warm weather it is often well to let a child stay up until the temperature in his sleeping room makes going to bed bearable. The hum of an electric fan, placed so that it does not blow on the child, and where he cannot get at it, encourages sleep.

Disturbed and restless sleep

In the case of a child who cries out or talks in his sleep and has night terrors and bad dreams, several things must be considered. (See page 14.) Perhaps he gets too excited and overstimulated in play during the day, and is overtired. But more often the cause will be found in feelings of insecurity and fear that his parents have not recognized. Worries unexpressed in words or actions during the day come out while he is asleep. Even though he may have complete trust in his parents, he may be having a hard time with a playmate or have had some fright his mother doesn't know about. If you cannot find an explanation for such disturbances, and they are so persistent that they begin to interfere with the child's happiness in everyday life, it will be a good idea to ask your family physician for help, or to seek it from a guidance clinic, if one is available.

To take a child into bed with you when he comes crying to you in the night is the quickest way to soothe a panicky fear or calm him down after a bad dream. But once you have comforted him, tuck him into his own bed again. For experience has shown that letting a child sleep with his parents can make him very insistent on continuing an arrangement that seems to him so cozy.

8. Bowel and bladder control

NOTHING STANDS in our way in much of our teaching of little children. When we begin to teach them to dress themselves we start from scratch. We have their strong interest to build on and no contrary learning to break down. Young children are eager to do things for themselves.

But with learning bowel and bladder control it's different. A baby's body gets rid of its waste naturally, so in teaching him control we go directly against this automatic arrangement.

Perhaps this is one reason why parents so often have trouble with this particular bit of their children's learning. But there's another reason, too. Sometimes mothers are in such a hurry to be through with diapers and to be able to brag about their babies' advances, that they are tempted to start too soon, before their babies are ready to learn.

Views have changed decidedly on this question of when children can safely be expected to learn to stay clean and dry. As more has been learned about how a baby's nervous system develops, the idea that efforts at control should be begun early has been discarded. We realize that it is better to wait until a child is able to understand and go along with us.

Learning Bowel Control

Because a baby often gets to having bowel movements at fairly regular times before he's a year old, we can start helping him take the first step in gaining this kind of control long before he is ready to learn control of his bladder.

When a baby can sit alone easily and often has bowel movements regularly at about the same hours it is all right to begin. This will usually not be until toward the end of his first year, and with a good many babies it will be later. Whether or not he moves his bowels when we put him on the toilet will be largely a matter of luck, at first. He can't really cooperate, but neither will he be stubborn, if we keep him on only a few minutes, and see that he's comfortable.

Whatever kind of toilet chair you use, make sure your child is not afraid of falling. He should not be left sitting long; being inactive for 5 minutes, even, is hard on a young child. It may make him dislike the whole idea.

If you don't have much luck the first few times you try, wait a week or two and then start over. He isn't really being "trained" until later, when he catches on to what you want. But if you show pleasure when he is successful, and keep from showing disappointment when he isn't, the time when he gives real cooperation will come sooner. If by chance he gets off the toilet and begins to dabble in his bowel movement, it is important not to act disgusted. It is natural for a young child to be interested in something that he has created; he had no notion why he shouldn't touch it, any more than the sand or dirt or water that he likes to handle. If you are careful not to show your feelings, this stage—if it occurs at all—will be

short. Most young children like to help flush the toilet, and this gives them something to do after a bowel movement.

Some children have movements every day, others every other day or so. A mother who is accustomed to thinking a daily bowel movement is necessary may need to be careful not to become overconcerned. She might build up her child's negative feelings, or even constipation, by putting him on the toilet too often, or talking about her concern. It is regularity that is desirable, rather than a daily movement, and she can see that he has a diet which should insure proper elimination. Friction with a parent, or some other emotional disturbance, is about as likely to be associated with constipation as an unsatisfactory diet.

Learning Bladder Control

Although you may sometimes "catch" a baby soon after a meal or a nap in time to keep him from wetting a diaper, he is not really learning anything about keeping dry from your efforts. Sometimes in his second year he may begin to learn that he's more comfortable dry, so it may pay you to exchange diapers for training pants once your child is walking. They can be pulled down quickly when he's taken to the toilet. You will still want to use diapers at night. The next step may be for him to come to tell you when he is wet, a great advance. Finally, he'll come running when he's just about to wet, which means it won't be very long until he's aware of his need in time to get to the toilet.

To get from wetness to dryness may be a matter of months, or of weeks. A good many mothers who have waited to begin this type of teaching until their children were old enough to grasp what it is all about have found that a child then almost "trains himself," and in a very short time. Once a child has reached the point of wanting to do as grownups do, he may become fairly reliable rather rapidly.

Progress in learning will not be steady. Things often come up that cause a setback, like a slight cold, a change in the

weather, or moving to a new home. Lapses and accidents will happen. But if an issue isn't made of them staying clean and dry will be more and more the rule. Scolding or punishing has an unfavorable effect; once a child gets the idea that this is something his mother considers very important, he may even "punish" her when angry by wetting, or by refusal to go to the toilet. This is one thing in which he has the upper hand: nobody can make him move his bowels or urinate, or keep him from doing so. Ignoring the child's mistakes, and acting pleased when he is cooperative are sound ways of helping him become responsible.

Differences in learning

Learning bladder control is one of the things in which children differ greatly. Your first child may be one of those who learns early and easily, your second may have an opposite tendency. In general, you may have better results if you do not begin any campaign of trying to keep a child dry until he or she is nearer the age of 2 than 1. By going slow, you will avoid getting your child's back up. Mothers who brag about their early-trained daughters may have to change their tune

when boys, who are slightly slower in physiological development, appear in their families.

A child may need to be reminded to go to the toilet for a long while after he can take care of himself; he is likely to be so completely absorbed in his play that he needs a warning, especially when he's with a group of children.

Bed-wetting

A good many children keep dry during the day soon after they are 2, but it is often another year before they stay dry all night. When a child who is well beyond 4 still wets his bed, the temptation is to ask, "How can we stop it?" A more important question is, "Why is this happening?" For trying to stop bed-wetting without getting at causes is like trying to open a locked door without a key.

To find the key to bed-wetting, parents might ask themselves questions like these: Did we make too much of a point of trying to train him while he was still too young to cooperate? Have we talked so much about it that he has become fearful, and has less control than he would if he didn't worry about it? Have we somehow kept our child from wanting to grow out of babyhood? Is there something in his life that is troubling him, making him tense or anxious?

No matter what you decide may be back of the trouble, a first step in remedying it will be to let up on thinking about the bed-wetting itself. Half your battle will be won when you persuade yourself that this, in itself, doesn't matter. If you can stop worrying about wetting you will find you can begin to give a child the support he needs. This support will be your faith and belief in his ability to get over the bed-wetting. Part of his trouble has been that he knows he is a bother. Children need the assurance from their parents that they are all right, that they are liked and enjoyed as they are. If a child has the feeling that he's not approved of as he is, but has to be made over, his distress may have a lot to do with his wetting. Once he feels you trust him, improvement will come.

If you think maybe you have not been giving him enough chances to be independent, you may want to find ways of letting him take a little more responsibility for himself. Perhaps he has been protected too much from rough and tumble play with others, and needs to be let alone more, not supervised quite so closely. Maybe he could dress himself without your help or do little errands around the house. Such achievements will give him confidence in himself.

If the bed-wetting has appeared to come about, or be worse, in connection with the birth of a new baby, you may need to give your child a little more undivided attention. Having a time when father reads to him, when mother takes a little walk with him—anything to let him feel that he is important to his parents, quite as important as the demanding new baby, will be good.

If his father and mother have been using different methods of managing him, so that he is confused, it's time to talk things over and see what can be done about this. For disagreement about how a child should be handled can be disturbing to him. If father says he can't do things that mother hasn't objected to, how can a child decide which authority to follow?

In short, the aim of parents should be to remove any possible tension or strain, to see that their child is as comfortable and happy as possible. A cheerful, pleasant home, plenty of sleep and rest, and a generally good routine all help to create a setting in which the child will find it easier to overcome the problem.

9. Things that bother parents

Oddities of Behavior

YOUR VERY young child, who is just leaving babyhood, may seem sometimes like a bundle of contradictions. He may suddenly take it into his head that no one but his father can cut his meat properly, or give him his bath. Oftener a toddler makes all sorts of seemingly unnecessary demands on his mother: she must be the one who undresses him and puts him to bed, and each step in the process must be done in a certain way. Or, when they are out walking, they must go in a certain direction. Another child may feel comfortable eating only certain things, or following rigid patterns in what he does—where a toy is put away, or eating his cereal from a yellow bowl.

In many children, this overinsistence on rituals, whether about people, or places, or things, appears only to a very slight extent, or not at all. When it does appear, usually it doesn't last very long unless parents thoughtlessly make it into a problem by opposing the child's whims as "nonsense." Such behavior can be puzzling and we have only guesses as to why it crops up.

What do rituals mean?

Perhaps the fact that it comes at a time when children are just beginning to recognize themselves as persons does a bit toward furnishing an explanation. Claiming a right to say just how things are to be done may give these small persons a solid feeling that they do "matter." To be able to order people around strengthens this feeling. And because they still need to remain very close to their parents, the most pressing demands are made on them. For example, a child who exasperates her father by calling her mother back at night because she left out some item in the nightly routine will go to bed good as gold when mother is out and he, or a sitter, is in charge. The father may pride himself on managing Dotty better than his wife does when, as a matter of fact, Dotty doesn't feel the same urgency to do things a certain way that she does when following her mother's routine. (Of course it can be just the other way round, if the father is the one who mostly puts her to bed and has established a routine.)

Rituals may start out as pleasurable, but become so important to a child that they reveal fear or unsureness. In a child's uncertain world, where so many new things are met daily, he can get great reassurance from feeling that some things are the same as they were yesterday, solid and unchanging.

What is the meaning of Jimmy and Alice's insistence on taking to bed with them a piece of old blanket whose corners have been chewed until it is a mere rag, or a limp bundle of plush that was once a stuffed animal? In the beginning, when their owners had some little distress to deal with, they

were comforters at a time when the children were having to get used to the idea of being physically separated from their mothers. Later the blanket and animal are clung to as a means of insuring safety when voyaging into sleep.

Perhaps if parents always had plenty of leisure, so that they did not hurry the bedtime procedure in order to have a little period of relaxation for themselves, children would not rely on certain cherished objects at bedtime. Giving your child the feeling that you have "all the time in the world" at his bedtime may save time, in the end. Perhaps then he won't need to call you back or come running out over and over again to reassure himself that you are near.

Nervous Mannerisms

The moment children are out of babyhood, we begin to restrain a great many of their natural impulses. We do this because of the demands that trying to live together comfortably make on us. We ask children to cut down the noise they make, we expect them to sit still, we urge the toilet procedures upon them that our society accepts as suitable. No child washes his hands before eating, it's safe to say, until civilization presses such action on him.

When we put little children under more than very gentle pressure we must expect the lid to blow off. On a train, a 2-year-old has no idea how to keep his muscles from resisting enforced sitting still. He can't understand why he is scolded for running up and down the aisle or climbing over seats. The number of times 3- and 4-year-olds hop up from the dinner table is not deliberate, but dictated by their overflowing energy. To sit still on a toilet seat for even 3 minutes is an endurance test for a 20-month-old child.

When we reflect on the almost unceasing natural activity of little children it doesn't seem surprising that curbing their impulses brings out a variety of responses. If overmuch restraint is put upon them, queer bits of behavior may come about for which we may not recognize a basis. The fidgeting, wriggling, hair-twisting, nose-picking, and foot-tapping that

slightly older children indulge in are surely signs of energy being discharged. Nail-biting, making faces, screwing up the eyes or pulling at an ear are some of the other familiar acts that call attention to restlessness.

How inner strains are reflected

A parent who notes the times when a child bites his nails (or falls back on any other mannerism) will probably find that this usually takes place when the child is excited, overstimulated, fatigued, or unhappy. Young children need to be protected from too great excitement; very rarely should they be taken to places where there are crowds and a great deal going on. If a child under the age of 8 is taken to a movie it should be brief and amusing. Full length films, even those considered suitable for children, usually contain some distressing scenes. The TV programs young children see should be carefully limited, too. A child ought not to have to bear having his emotions stirred by exciting or distressing scenes

that he does not understand, yet many thousands of otherwise tenderly cared for children are put to this strain every day.

Anything that causes a child inner stress, such as fear or worry, makes conditions right for the development of nervous mannerisms. If his mother is anxious, if his parents expect too much of him, he may unconsciously ease his feelings through some slight, repeated bodily activity.

The temptation is great to try to do away with the nail-biting, ear-pulling, or whatever the behavior is. That is as useless as it would be for a smoke-ridden city to keep putting all its efforts into scrubbing its buildings, instead of doing away with what causes the smoke. The cause of restlessness or strain is what has to be gone after, not its results.

How parents can help

We cannot, of course, free little children from all the irritations of living in a world that constantly hems them in. We can keep from concentrating on the mannerisms, wherever they are. Also, we can provide children with interests that will keep them happily, actively busy. It helps to think of such things (in the case of little girls) as hairdos that don't leave loose ends hanging around to be put in the mouth. To see that fingernails are short and smooth makes nail-biting less likely to start.

If such mannerisms have become habitual, one of the best contributions parents can make is not to call the child's attention to them, and not to talk about them at all in the child's presence.

Nervous mannerisms are not likely to develop to any great extent in a child whose life is serene and happy, whose routine is so planned that he is not up against stresses that are too much for him to cope with—like having only older children to play with, living in a home where parents and grandparents disagree about his care, or being denied an opportunity for lively outdoor play.

An important thing to remember in handling little children is that we tend to manage them too much. A great deal of

directing and talking can be avoided if a child's surroundings are such that he is free to carry out his own ideas with the least possible adult interference.

Twitching of the face, blinking of the eyes, making faces, and other repeated movements are all natural and normal, and appear in most children. When they persist, to such an extent that the child cannot control them, they are called tics. They may be signs of general fatigue or, occasionally, of some physical irritation. More frequently they indicate the inability of the child to adjust himself to some emotional or nervous strain of which neither child nor parent is aware. When a child shows symptoms of this type, he should be taken to a doctor. If he is to find the underlying cause the doctor will need to explore the problems of the family life as well as the child's routine.

Thumb Sucking

If a child has not begun to suck his thumb by the time he is a year old he is very unlikely to do so. Children who began early and who are still sucking their thumbs or fingers a good deal at 3 or 4, or later, have often been confirmed in this behavior by efforts to stop the sucking. The original causes may long since have disappeared, but the child found sucking such a handy consolation for the "Take-your-thumb-out!" din in his ears that he has continued to fall back on it when in need of comfort.

The reasons for parents' anxious concern about thumb sucking are perhaps a mixture of fears: fear of a baby's introducing disease germs into his mouth, mingled with a fear that prolonged sucking might damage the shape of the jaw, and interfere with his teeth coming in as they should. On top of these, is fear of what their friends will think.

The first fear is largely unjustified. The danger from an unboiled nipple, or from unclean milk, for example, far outweighs that of thumb sucking. The second fear, that teeth may come in crooked, or that the upper and lower teeth may

fit together poorly (called malocclusion) has lost a good deal of force; for studies of the development of teeth and jaws have shown that only when persistent pressure goes on for several years do conditions result that call for tooth-straightening. (See page 7.) Whatever malocclusion does appear tends to correct itself if a child does not suck his thumb beyond his fourth year. A great many of those who are thumb suckers past babyhood put a finger or thumb in their mouth only at nap or bedtime, or when they are under some strain (as at an exciting movie), and do not engage in sucking day in and day out.

What this adds up to is that many parents have apparently worried overmuch about thumb sucking. Not only have they been anxious needlessly, but in some cases the anxiety has probably even prolonged the sucking, by reason of the persistent efforts aimed at stopping it. When children know their parents are fretting over something they do, they are likely to have a few guilty pangs. Their disturbed feelings make them more than ever in need of comfort—in this case, of the comfort of sucking—so they do it all the more when scolded or corrected.

Efforts should go into making children's lives free of tension and stress, and full of interesting things to do. Thumb sucking is not a problem to the child; his problem is, how to feel so comfortable he seldom needs to suck his thumb.

The parents' problem is not the thumb sucking, either. Their problem may be a hard one, for to set up truly satisfying surroundings and companionship for a child is seldom easy. But if they keep in mind that the thumb sucking itself is nobody's problem, it may help.

Delayed and Defective Speech

Most children begin to talk some time between their first and second birthdays, but those children who put off talking longer are not at all rare. If a child who is well over 2 is not talking, the reason may be one of the following:

1. The child may merely be slower in this phase of his development than in others. In such a case he will talk when he is ready to. If the mother of such a child is a rather quiet person, she may need to remind herself to talk to her child more. Nothing stimulates speech more than being talked to or read to and shown pictures.

2. Occasionally a child begins to talk and then slows down or even stops talking for a while. When he is trying hard to learn a new skill, a child may for a time make no progress in other skills already partly learned. For instance, a child learning to put on his shoes or to handle a spoon might for a time stop using those words he already knew.

3. Sometimes a child's mother attends to his wants so quickly that he feels no need to talk. In such a case it may help for her to pretend that she does not understand him in the hope that he will try to make himself understood. As long as he is allowed or encouraged to depend upon other means of communication, such as gestures and grunts, he may continue to be slow in learning to talk.

4. Occasionally a child who starts to talk is given much attention for his achievement, and urged to say his new words for visitors. Some children resist this by refusing to talk. Any treatment that results in a child's feeling "contrary" may slow up his interest in communicating with other people.

A child who has had the misfortune of having too much attention centered on his speech needs to be let alone. If his parents are careful not to notice his resistant behavior, and take pains to show interest, but not excitement, when he does speak, his shyness and self-consciousness has a chance to die down.

5. Illness or being badly undernourished may slow up a child's speech just as it hinders his development in other ways. Physical care that builds up his health will be the answer.

6. The possibility of deafness should be considered when a child does not talk at the usual time. Some children are born deaf, but many more have their hearing impaired by complications following one of the acute infectious diseases common in childhood. Deaf children and children who are hard of hearing have problems that differ considerably, but both must have special speech training.

7. Just as very bright children usually talk earlier than average children, so children who have less than average mental ability or whose brains have been affected by some abnormality of development may talk late. If a child to whom none of the above explanations of delayed speech can be applied is not talking by the age of 2½ years, a thorough physical and psychological study should be made of him by a doctor or a clinic, preferably a speech clinic. If failure to learn to talk appears to be the result of brain damage or impaired development, so that the child will always be slow in whatever he undertakes to learn, his parents should know this. Otherwise they will not know how to cooperate in providing careful training suited to his special needs.

8. Children with impaired speech associated with malformation of the speech organs, such as tongue-tie, are exceed-

ingly rare. Children who have had harelips or cleft palates repaired almost always need special speech training.

Aids to clear speech

Learning to talk, so that he can communicate with other people, is a little child's crowning achievement. To use speech takes intelligence, so it is not strange that a baby talks later than he develops in many other ways, such as using his hands. But once children are ready to speak they may go amazingly fast. At a year, many babies have not yet said their first word; yet by the time they go to school, many children have several hundred words with which to express their thoughts. Never again will they learn so many new words so fast. They not only know a lot of words, but they can put them together to make a lot of sense, too.

Parents can be of great help while their children are learning to talk. Of the many ways in which they can contribute, not the least is by listening. A parent who listens carefully will help his child speak clearly by trying to correct his own faulty speech, which he hears his child echo when he talks. Careless, slurred speech makes a poor example for a child to copy; one child long pictured in her mind a lighthouse called "Donzerly Light," from hearing three words in our national anthem slurred together. It may be tempting to let a child continue amusing mispronunciations (like "amino" for "animal") but it is not a kindness to encourage baby-talk, for when it persists it is hard to get rid of. No child wants to be laughed at because of babyish speech when he goes to school.

By listening, we get a chance to explain, too, when a child shows he doesn't understand a word, or a statement. Unless a child has the assurance that he will be listened to, he may not ask the questions that arise in his mind. This in turn means that he will be denied the richness of talk that questions start.

In general, everything possible should be done to make speech fun for children, and to make talking a meaningful and satisfying experience. When you speak to a child make

sure he understands what you say. He should have the feeling that when he comes to you for help, or information, he will get it in a pleasant, friendly tone. A child learns to speak the way he is spoken to.

All children repeat and hesitate

It is very important to bear in mind that speech is something a child must learn, and that while he is learning to speak he will normally be more or less hesitant. Every child does some repeating. Simply, effortless repetitions are a completely normal part of childhood speech. In fact, the average adult's speech is not wholly smooth flowing.

Then, too, there are many kinds of situations in which a child's speech will not come as easily as usual. Indeed, under certain conditions he may be speechless or nearly so. If a youngster is very excited or seriously frightened he will normally speak with more hesitation and repetition than when he is calm and secure.

Unfortunately some parents—roughly one out of every hundred—are inclined to worry when the speech of their children does not flow smoothly. They consider that their children are stuttering or stammering. Although the parents who do this are for the most part like other parents, they do seem to be a bit more demanding, especially about their youngster's speech. In many cases some member of their family has stuttered and so they are "alerted" to look for it in their children. And if a parent is *looking* for "stuttering" in a child's speech he is quite likely to find it simply because children normally hesitate and repeat themselves. If, besides, the child's relationship with his parents is not completely happy, or he is having to adjust to a new home and neighborhood—or to a new baby sister or brother, perhaps—or is talking under any other condition that makes him unsure or tense—his speech will tend to be less easy and fluent than usual, and so his parents are all the more likely to worry about it.

In worrying about it, they may show their concern in the expression on their face, their tone of voice, and in other ways. Sooner or later they are likely to urge upon the child such things as, "Take your time," "Stop and think," "Go slow," "Stop and start over," and so forth. Naturally, this tends to make the child self-conscious about his speech. He becomes more hesitant, and his parents worry all the more and try to "help" him still more. Instead of helping, this adds to his hesitancy, and he begins to strain in an effort to talk better. Then his speech does, in fact, become disturbed.

Stuttering and its prevention

All this can, of course, be prevented. Here are some simple rules for preventing stuttering and for helping your child develop good speech:

1. Do all you can to be the kind of listener your child likes to talk to.

2. Expect your child to speak like a child, not like a grown-up. Children don't speak very well compared to adults, so regulate your standards accordingly.

3. Try to be realistic in what you expect about your child's behavior in general. Don't expect him to exceed the normal range for his age in speech, ability to play games, quietness, neatness, manners, and other aspects of development.

4. If he seems to falter or repeat a great deal, take this as a sign that something may be at fault with his surroundings, or with his feelings about people. Make his everyday life as simple and easy-going as you can, being sure he has plenty of rest. Spend some time having fun with him. Once in a while, remind others in the family who talk louder and faster than he can to pipe down. Remember not to ask him to recite or show off for guests. And don't keep at him about his eating or not eating, about napping, and going to bed on time.

5. Take your child into your confidence. Explain things to him. Prepare him ahead of time for new experiences. Keep teasing and "surprises" to a bare minimum. Avoid excitement, hurry, and general pressure so far as possible.

Many people have the idea that children who are originally left-handed will stutter if forced to be right-handed. The fact is that changing handedness in and of itself does not cause stuttering, but the parent who would insist on changing a child's handedness might be generally rigid and unreasonable, the kind of parent to whom a child would tend to speak hesitantly and with tension. If a left-handed child is helped to become a first-rate left-hander, rather than a second-rate right-hander, his whole personality will be likely to benefit.

If a child appears to be having real difficulty in speaking, he should by all means be taken to a speech clinic. Your doctor can help you find a speech clinic, probably at your nearest university. Or, he may suggest that you write to your State Department of Health, or of Education, usually located at your State capital. The American Speech and Hearing Association may be addressed through the Speech Correction Fund, 11 South LaSalle Street, Chicago, Illinois. More and more public schools are providing speech correction for children who need it, and you may be able to get the services your child needs in your local school district.

Good speech is tremendously valuable to every child and adult and everything possible should be done to secure its advantages for all children.

Aggressive Behavior

Little children meet with a great many obstacles and frustrations in their everyday life. The ways each child responds are as individual as his features. One child, when things don't go to suit him, may retreat, sulk, or cry, not standing up to the situation. But much more usually, a child makes an effort to fight, to overcome the frustration whether it's another child, a washcloth his mother is wielding, or a toy that won't do what he wants it to. Children tend to be active rather than passive, though great individual differences exist in degree of activity.

It is to be expected that when young children are learning to get along with each other they will hit, bite, pull hair or resort to other tough tactics in efforts to get their own way. Experienced mothers would do well to remind newer mothers that a child of 18 months or even of 2 or 3 years, has little notion of what "hurting" another child means. Though he can feel a hurt himself, and even show sympathy by crying when another child cries, he can't really put himself in another child's place.

Why biting and hitting occur

A very young child's act, like biting or kicking, is plainly not something he has learned. It is a natural, primitive way to act when he is frustrated. Only gradually does he learn more civilized ways of trying to satisfy his wants.

A child who has become a confirmed "biter," who relies on this or any other behavior that's rough on another child, didn't keep on with this primitive way of handling his problems by accident. He does it because he finds it works; it gets him what he wants. His parents may have been too timid or too uncertain to help him find a better way.

Another reason a child may fall back over and over on rudely primitive ways when he's up against things he doesn't know how to handle is that his real needs are not being met. Either physically or emotionally, he may be below par, ready to break out the moment he's pushed beyond what he can take in his stride.

Perhaps, because of where he lives, he has had little freedom to do all the harmless things that are natural outlets for children's energies—climbing, running, shouting. Just to have to keep from being noisy is a strain on any child.

Sometimes, eating neatly, keeping clean, or gaining bowel and bladder control has come to be a matter of such importance to someone in a child's family that he is pushed into rebelling. Unable to release his feelings against the grownups, his anger flares up when he meets with opposition from someone his own size, and he uses his teeth or nails.

Parents who are changeable and inconsistent about setting limits, or afraid to set any, may bring about a sense of insecurity inside a child so that any opposition scares him into fighting back.

As in other cases where behavior makes trouble, parents are tempted to handle the behavior, rather than its causes. To stop and think about "why" when one child is mistreating another is almost too much to ask. The temptation is strong for adults to do something.

Actually, unless the victim of the bite or blow is much smaller, or less sturdy, there's no time better than that moment for him to put up some resistance. His resistance, in whatever form, will teach the biter or hitter that his actions won't work. (If the wails of the hurt child always bring an adult's help this child isn't learning a good way of handling his problems, either. It may end up with battles meant to involve the parent.)

When should adults step in?

Of course parents can't stay out of the picture if one child

is too young to protect himself; at such ages an adult need always be close by, to supervise the play.

A mother's reaction may be to remove the offender. It may take repeated removals before a child shows any improvement. But to be denied the fun of companionship hurts. And it has a much closer connection with the child's action than other things intended to "make him remember"—a spanking, say, or a scolding. Such handling only makes him angry, or disturbed, and distracts his mind from the incident he's being punished for. Or, it makes him feel that he's unloved because he's had angry feelings.

To tell him he's "bad" and send him off to stay alone is no help; nor does talking to or trying to reason with a child while he is upset accomplish much. But to take him aside and stay with him may help a good deal. Holding him closely, if need be, and giving him the comfort of feeling that you care, will let him know that you are supporting him rather than condemning him to suffer alone.

10. Learning to do without mother

Your Baby-Sitter

WHETHER YOU are going to be away from home occasionally for a couple of hours, or have a job that keeps you away from home a good part of every day, the person in whose care you leave your child must be someone you can trust.

What you need to know about your sitters

Carefully check their references if they are not personally known to you. You cannot be content merely to call someone who is supposed to know the individual, unless you know and can rely upon that person's judgment. The principal of your high school will be a good source of help in finding trustworthy

girls or boys for short-time assignments. The pastor of your church may know of women who would like occasional part-time employment.

If possible, your sitter should be someone who can be called on time and again; both sitter and children are more at ease when they become familiar with one another. That a sitter should be some one who likes children goes without saying.

In the case of anyone who is going to be with your child regularly, you should require a physical examination, particularly a test for the detection of tuberculosis. (If your sitter comes from a local high school, ask if such tests have recently been done at school.) Some city health departments give health cards that must be renewed each year. Sitters who have them can more easily find work, and the young children they care for are protected.

Preparing your child

Ask the sitter to come, the first time, long enough ahead of the time you expect to leave so that you can get acquainted. A reliable sitter will want to have time for careful instructions about what he or she is expected to do and what not to do. Don't fail to give your child a chance to see and get used to the sitter before you leave. This is especially necessary if a child is going to be asleep when you go. After a child becomes well acquainted with a certain sitter, he can be put to bed, and told that so and so is coming to stay when you go out. By the age of 2, children can usually understand well enough to accept this arrangement. Your main object, in any event, will be to make sure your child feels comfortable when you go out.

You should be prepared for the fact that children often make statements to someone who is caring for them that are quite at variance with their mother's practices, like "My mother lets me go out without my sweater," or "My mother always gives me jam on my bread." Children in such cases are not deliberately untruthful; they like to try out the newcomer, and also to pretend to themselves that *they* know better than the person who is taking their mother's place.

What baby-sitters need to know

Your care-takers or baby-sitters need to know certain things about you.

They should be able to trust you to come home when you say you will, or call if you are delayed. They should have the following information:

Telephone number where you (or some responsible person) may be reached.

Telephone number of your doctor.

What time you will return, and what to say when someone telephones.

What to feed your child, at what time, and how, if you are to be away over a meal time.

Where extra clothing is kept.

How to regulate the heat in the house.

They need a clear idea as to what you expect of them. If they are to do anything beyond caring for the children (such as washing dishes) their duties should be outlined clearly.

They need to know where your child is allowed to play, indoors and out, his hours of eating, going to bed, etc. If your child is too young to talk, the sitter needs to watch you go through his various routines, such as diapering him and feeding him. This helps the girl or boy to avoid upsetting the child by doing things too differently from the way you do. A 2-year-old who is very dependent on established routines may be able to talk well enough to explain his wants to a sitter, and so may refuse to cooperate if things are not done pretty much as you do them.

Baby-sitters should be told whether you have provided a snack; also have instructions about the use of television and radio. They should have a clear understanding of your attitude toward their having a friend in to keep them company.

Arranging for sitters to get home safely is a necessity.

Benefits of Nursery School

By the time they are 3, children are eager to play with other children. Some at 3 are ready for nursery school experience; others do better to join a group at 4. By this time they enjoy more stimulation, both mental and social, from children of their own age, than most homes can offer. For at home, or in his own immediate neighborhood, a child often has only older or younger children to play with.

If a child has some practice before he goes to school in learning to get along enjoyably with others, the transition from home to school is easier and pleasanter. A child who knows how to be cooperative and helpful, who is experienced in taking turns, sharing, and who does not interrupt constantly or demand extra attention is going to enjoy his first days at school more for "knowing the ropes." He can learn such things at home, of course, but in the nursery school group, among children who are on a par with him, he may stand a better chance of learning in a rounded way.

Being away from his mother for short periods of time when he is 3 or 4 means that a child can accept the longer separa-

tion of the school day better. Periods of freedom are also valuable for his mother; she can listen to his chatter and questions with greater enjoyment if she has times when she doesn't have to drag her attention away from her work in order to respond. Not only will she be fresher to enjoy her child, but she may use some time for her own needs.

The far wider variety of equipment and play materials that children find in a nursery school is another advantage. Individual families often cannot afford, or do not have space for, large slides, climbing bars, or rocking boats; nor can they often collect enough picture books, records and musical instruments. (Even if they could, the fun of using these things alone is much less than in a group.)

Mothers who believe their children would profit by group experience often find they themselves profit just as much from the experience of joining with other mothers and planning group play. They learn from sharing in a constructive project and from watching their children play with other children.

Looking Toward School Entrance

Whether your child starts school at 5 or at 6, he needs to be prepared for the new experience if he is to enjoy it. For one thing, children who have not worked or played in groups before going to school find it hard to get used to the routine and rules that are necessary when many children are under the care of one adult.

Mothers who cannot send their youngsters to nursery school can, even though they haven't close neighbors, take turns supervising the play of several small children. Even a morning or afternoon now and then will help children learn what it's like to be away from their home, and about other children's demands on them.

Of course children who live close together get a great deal of this kind of learning without supervision. But learning is much less painful when one mother is with the group to deal with sand-throwing and toy-grabbing. (The mother will be

learning, too—learning not to step in too often, as well as how her child is like others and ways in which he is different.)

Sometimes—in the country, for example—one of the few chances for getting little children together is at Sunday school. In such group experience usually a child's mother should stay with him for a time or two. The child will be saved a lot of insecurity, especially if he has not had many contacts outside his home. Children left in strange surroundings can suffer deeply from fear that their parents will forget to come for them.

If you live where your children rarely have companions, you will want to use whatever chances you get to keep your child from becoming very timid. Adult clubs and classes, meetings of many sorts, serve a double purpose when a plan is made for the children to profit by the gathering. Sometimes members can take turns at looking after the younger children or hire someone to do so.

Encouraging independence

Any independence your child learns when he is away from you will be all to the good when he goes to school and meets many children, some of whom have had different bringing up than he has. Unless a beginner at school is able to stand up for his own rights, his first months may be unhappy. Sometimes a child will walk blocks out of his way to escape being waylaid by others who have discovered his timidity. This child's opposite, the little "tough guy," is likely to act much more subdued at school than around home.

A mother who tells her youngster that he must never hit another child may be laying up trouble for him. Many a child has suffered from trying to follow such teaching. Being told not to be the one to strike the first blow is just as effective, but allows a child to defend himself. The other way, he feels like a weakling, and builds up no confidence in his own ability to take care of himself.

Some mothers are distressed at the idea that children should not be forbidden to fight. Perhaps they forget that learning

good social relations is a slow process. "Musts" and "must nots" don't achieve what we're after; a child does not become a social being, inside, by such means. He has only the surface behavior of one. Then when the strain gets too great this surface cracks and the unmanageable behavior breaks loose.

Such a mother also forgets that for little boys, to show bravery in the face of physical mauling is important. Even at 6, no boy wants to be taken for a coward.

Older children sometimes try to build up their superiority by teasing little ones. They tell them how "hard" school is going to be, or how "mean" certain teachers are. Parents will want to forestall any such notions, or to reassure children who have been exposed to them.

Visit the school ahead of time, so your child can see the room where he will be, and perhaps meet his teacher. Unless a child will be going to school by car or bus, he needs to learn beforehand how to get there and back without worry. Show him the safest way of going, and tell him why he should use the same route each day. If safety patrol boys or girls are at certain corners, teach him to respect their orders. This is important. Mothers in large cities, who are employed to direct traffic near schools, find that little children are often very ill-prepared to understand traffic directions given them.

Encouraging responsibility

No child should set off for school without knowing how to give, on request, or in case of an emergency: his full name, and the names of his parents (not just their last name); his address and telephone number. A card in his pocket with this information may save him embarrassment, should he forget under stress of excitement.

No teacher has time to do all the things that a mother might still be helping her child with at home. Among the responsibilities that every child should be able to take on by the time he is 5 are:

Taking off and putting on outdoor clothing. (Roomy coats and galoshes or rubbers make this easier.)

Going to the toilet alone, and washing his hands afterward.

Using a tissue when necessary, and covering a cough or sneeze.

Washing his hands before a meal.

In addition to such things, he should have learned how to be considerate of others to the extent that he:

Does not interrupt when his teacher is giving directions, or telling a story; in other words, he has had practice in listening.

Knows how to "take turns," as when waiting to be leader in a game.

Does not take other people's property without permission, nor is he wasteful of school property.

His behavior, in all these ways, will reflect his home life, and the atmosphere you have created there.

In reporting things that occur at school, children often misunderstand, and give an impression that doesn't square with the facts. For this reason parents should be very cautions about accepting as true reports a child brings home. Without meaning to distort the facts, he may, for example, say that "teacher says you don't give me the right food" (or some such startling remark) when what the teacher said was something like "most of us need to eat more green vegetables."

Reports of other children's behavior need to be taken with a grain of salt, too. "Johnny pushed me down" may be only half the story, the first and unspoken half being that "I gave Johnny a shove because he was in my way."

School visits

Mothers—and fathers, when they can—will be rewarded by getting to know their child's teacher. By visiting school several times during the first few months parents will gain some understanding of what "education" for 5- and 6-year-olds means, and of how the teacher goes about trying to make the children's introduction to learning in a group all they hoped it would be. Parents can also get a glimpse of the prob-

lems that a teacher has to take in her stride. If parents make the teacher welcome in their home, too, she will have a better chance of understanding their Bobby or Mary.

When your child should not go to school

Sometimes you may be uncertain as to whether your child would endanger himself or other children by going to school. He should stay at home if he has:

A cold that is less than 3 days old.

A sore throat or earache.

Swollen neck glands.

A "runny" nose.

Fever.

An unexplained rash or any skin eruption.

If he acts listless, drowsy, headachy; has a flushed face, lack of appetite or shows any behavior that is noticeably out of the ordinary.

11. When mother is away

A VERY YOUNG baby, who doesn't yet know his mother from other people, isn't much affected by her absence, provided someone is giving him the devoted, tender care he needs. But for a child of the ages we are talking about, personal closeness to his mother has grown up that may make him feel separation from her keenly. To be without his mother for even a few days is hard on a young child, no matter what the cause of her absence. But to have her go to a hospital, and bring home a new baby, is perhaps the toughest kind of separation the average child experiences. On her return he may cling to his mother; or the separation may affect him so deeply that it takes several days for them to get back on their old

terms. Having missed his mother so much, a child sometimes seems to be afraid to show his affection for her. Perhaps he holds back for fear he'll have to go through the same painful loss again. He may even turn away from his mother, and insist, for a few days, on having his father keep on doing for him everything he did in the mother's absence. (Mothers feel hurt over this, until they realize what the child has been through.)

A mother can plan in advance ways to keep her child from feeling quite so forlorn over her absence. She cannot have him visit her in the hospital, but she can send him some little thing each day, or perhaps talk to him over the telephone. She can arrange so that the older child sees his father, not her, bringing in the baby when they come home. If she breast feeds the baby, she will avoid having the child's first look at him come when the baby's nursing.

A mother whose child is old enough to understand will find ways to reassure him ahead of time, like telling him a story, perhaps, about what it will be like in the hospital. The details won't mean much to him, but her sharing with him, and not keeping the whole thing a mystery will make his mind easier. The need to provide someone with whom a child will feel familiar and safe when his mother must be away for any reason is obvious. A child feels safer in his own home than elsewhere, other things being equal. So having grandma or auntie come may add more to a child's security than going to visit them.

A child who is over 5, and who, while not being overprotected, has never had reason to question his little world's being a good one, can adjust to his mother's being away pretty well. Having her go away on a trip, or for some other reason, doesn't worry him much because he has developed a feeling that things are going to be all right. The new relationships he may have to make aren't frightening, because he has found people are to be trusted.

In a number of cities it is possible to secure a trained "homemaker" while the mother of a family is away, or ill. If

you are in need of such service, and live in a large city, inquire of your local Community Chest or Family Service Association if you can get such help.

When a Child Must Go To a Hospital

While children's illnesses are seldom as severe and frightening as they used to be, due in large part to the miracle drugs, children do occasionally have to go to the hospital. Except for a few things that can be planned, like tonsillectomies, visits to hospitals usually come suddenly.

To be hustled off to a strange and forbidding place where even the smell is remindful of medicine, and left there with strangers by parents who are shooed out of the way as fast as possible, is a grim business for a little child. Some hospitals are trying to make this a less painful experience for children, but it is hard to change arrangements that have been worked out to produce the greatest efficiency. In a number of places, mothers are now allowed to stay with their children. In some, if the mother cannot stay overnight, arrangements are made for her to stay long hours, and come often. She can help take care of her child in ways that are familiar to him. In any case, a child's mother should have a chance to pass on to the nurse information about the child that will help the hospital staff meet his needs.

Perhaps there are things parents can do, ahead of time, to make a possible future hospital stay not quite so bad.

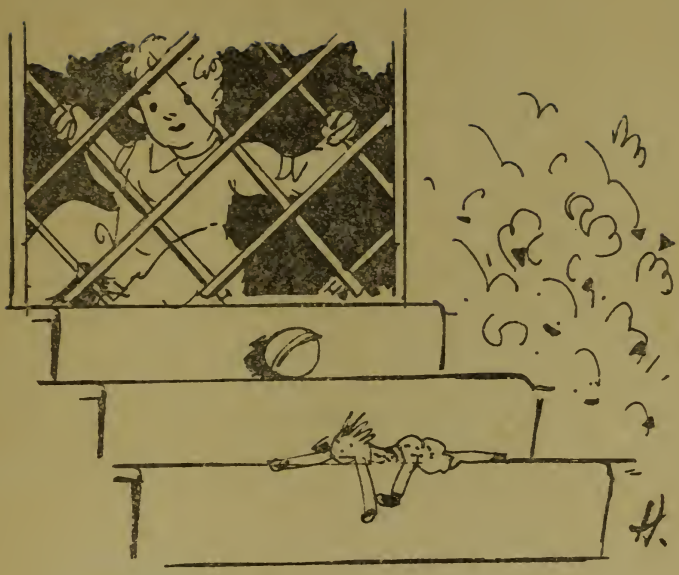
They can talk about hospitals in a casual way when driving by one, or when someone they know is having a baby, just as they would point out any place of interest. Perhaps they can show their child the hospital where he was born.

They can speak of the things that can be done better in a hospital. To hear a story about an X-ray machine that takes pictures of the bones inside his body, and about beds that have handles to raise up people's heads or feet, whichever they want, will interest almost any 3- or 4-year-old.

No story about a hospital is really going to prepare your child for what he will experience if he gets inside one. But knowing even a little bit about what to expect may take the sharp edge off the strangeness: how he'll go to bed even if it's daytime, and the funny nightgown he'll have on; how he'll have his meals in bed, and have nurses to help him when he needs someone.

Several stories about children and hospitals can be found in public libraries, in case you feel more at ease reading a story than telling one.

A child under the age of 3 or 4 will not be helped much by any attempted description or explanation. The best you can do is to be with him every minute you can wheedle the hospital into allowing, leaving with a smile, and fast, when you have to leave. Your cheerful voice when you tell your child you'll be back will help him a lot, even if he's too young to understand what "tomorrow" means.



12. Safety precautions

WHILE THEIR children are very young parents are responsible for protecting them from harm and danger. For a baby and toddler, his parents must do all the thinking; he is not capable of understanding anything about safety or the lack of it.

The time when a child begins to recognize danger, and use caution, doesn't come suddenly, at 2 years or 3, or any other time. But parents can make use of their children's growing awareness of the world around them, and teach them caution and thoughtfulness. In this teaching, parents sometimes find that unless they are very careful about how they do it, they make their child fearful. For example, if the danger of climb-

ing a tree or of crossing a street is exaggerated, a child may wind up being timid, or even panicky, in a situation for which he has the know-how, but not the experience, to tackle. But if he is taken across a street over and over again, with an explanation of how he must always look in both directions, and is given the responsibility of telling the adult, "*Now* it's safe to go," he'll have this practice as a guide. The same thing applies to showing him how to climb a tree, or how to swim.

Children between the ages of 1 and 6 are in or near their homes most of the time. The obligation of parents is to make those homes and their surroundings as safe as possible. Some accidents cannot be prevented by an individual parent, but a great many can be avoided. In the main, this can be done by safeguards against carelessness, by improving the supervision of young children at play, and by doing away with hazardous conditions in the house and play places.

Parents can do much to make their home and family more secure against accidents—which are the cause of many more crippling conditions in childhood than any diseases. How? By keeping a constant watch on their own practices, and by teaching their children skills and abilities that will encourage self-confidence in the face of the unexpected.

Take a look around your living quarters from time to time to see if there are things you could do to make them safer. If you have a child just beginning to walk, you'll want gates at your stairways and any other places where he might fall. Are the screen windows, especially those on windows above the first floor, fastened securely, and is the screening free of rust? Have you cut the loops at the ends of the cords by which you put venetian blinds up and down, so that there's no chance of a child's getting his head caught in a loop?

These, and the following are only a few of the things to think about in making your home safe for your children.

Protection Against Fire

Do	Don't
Provide a fire extinguisher (light enough so that a woman or older child can lift it) and learn how to use it.	Don't leave matches where young children can get them.
Replace promptly cords or other parts of worn electrical equipment	Don't buy clothing or costumes for children that have an easily flammable fluffy nap.
Lessen the possibility of children's setting fires by mistake by teaching them to use matches under supervision by helping to light candles or a fireplace fire, for example.	Don't leave a young child alone in a room with an open fire.
Teach children why you burn paper only in a trash burner.	

Protection Against Asphyxiation or Suffocation

Do

Be sure that gas fixtures don't leak; use metal pipe connections, not flexible tubing.

In cold weather, while your family sleeps, keep a window slightly open at top and bottom to provide ventilation.

Destroy the thin plastic bags used principally for dry-cleaned clothes as soon as they have served their purpose.

This thin plastic film can adhere to the child's face and cause him to suffocate. Keep these bags away from babies and children to avoid any danger of suffocation.

Don't

Don't risk suffocation by using oil stoves without flues that remove the burnt gases.

Don't risk the use of ovens, or gas-arm electric water heaters for heating your rooms.

Don't use this thin plastic material in cribs, carriages or play pens to protect pads or bedding.

Don't use these thin plastic bags for any purpose that would allow your child to come in physical contact with them.

Protection Against Poisoning

Do

Keep on very high shelves or in a locked cupboard such things as bleaches, moth crystals, rat bait, ammonia, insect powders or sprays, cleaning fluid and coal oil (kerosene).

Teach your children not to taste unidentified berries, fruit, or roots of plants that look good to eat. They may be poisonous. Empty down the toilet left-over medicines prescribed for temporary use.

Don't

Don't have lye around the house at all; then you won't have to worry about keeping it away from children.

Don't store dangerous or poisonous substances in empty food or beverage containers.

Don't keep poisons, sleeping pills, aspirin, iron tablets or other dangerous drugs in a bathroom cabinet that does not lock.

Don't leave medicines in your purse, or on tables or dressers.

Do	Don't
Teach your children never to taste pills, or anything that "looks like candy." (Children have been known to eat colored flavored medicine tablets as they would candy.)	Don't paint walls, woodwork, furniture, or toys with paint intended for outdoor use, as it may contain more than one percent of lead.
For inside painting use only a paint whose label reads: "Conforms to American Standard Z 66.1—1955 for use on surfaces that might be chewed by children." (The original coatings on most toys and furniture are usually safe in this respect because of the care taken by their manufacturers.)	Don't let a child chew so much on *any* painted surface that you can see that he is really biting off the paint.

Protection Against Inhaling or Choking on Food

Do	Don't
Look over servings of fish or chicken for small children very carefully, to see that small bones are removed.	Don't give nuts, or food with nuts in it, to children below the age of 2. Nuts, if sucked into the windpipe or lungs, may cause severe illness because of the irritation caused by the oil in them.
	Don't give little children balloons to play with unless they are blown up. A young child who doesn't know how to blow out may suck a balloon into his throat and choke on it.
	Don't give fruit with pits or big seeds (prunes, cherries, etc.) to children below the age of 2.

Protection Outside the House

Do

Do have a fence, temporary if need be, to protect your child until he is 3 or thereabouts.

Have someone keep watch to see that a young child does not dart behind a car you are backing.

Teach children from the time they have a tricycle to put it, and other outdoor playthings away, so it won't be tripped over.

Inspect yards, and vacant lots or fields where your children play, for broken glass, nails, abandoned wells, or cesspools.

Provide opportunities for safe practice in sliding, swinging, climbing and other activities that make children nimble and sure-footed.

Don't

Don't expect a child under 3 to know enough to stay out of the street, or away from a neighbor's pool.

Don't offer a poor example by leaving tools around, or garage or barn doors unlocked when paint, sprays, or machinery are stored inside.

Don't take chances with flimsy rope swings, insecure slides, or any other large-muscle play equipment that is not strong, firmly placed.

13. Keeping children well

A HEALTHY CHILD is active, alert, and interested in everything. His color is good and his eyes are bright. He is gaining in size and weight.

He plays vigorously, creeping, running, jumping, climbing, according to his age. He is a strenuous companion, with his never-ending desire for activity. He is usually a bit noisy, getting pleasure out of banging and shouting and singing. But when it is bedtime he sleeps soundly. He is hungry at mealtimes and needs no coäxing to persuade him to eat. His bowels move regularly. His teeth are clean and in good condition. He does not have pains and aches.

Clothes

A child's clothes should be so planned that he is unconscious of them; that is, they should be simple, easily cleaned, warm enough for the weather, light in weight, not bulky, just roomy enough for comfort, and without any tight bands. He should also like them, for he may be self-conscious in clothes he dislikes or feels conspicuous in.

In planning clothes for a child, ask yourself the following questions: Can he play freely in them? Are they warm enough but not too warm? Do they allow his body freedom—for growth, circulation of the blood, and muscle activity? Do they allow him to stand erect? Are they put on and taken off easily and managed easily at the toilet? Will they wash well and wear well? Does the child like them?

Shoes

Shoes should be chosen and fitted with great care, as the soft bones of a child's foot may be injured by poorly fitting and badly shaped shoes. Length, width, the height of the space for the toes, and the fit of the heel are all important.

Shoes should follow the natural shape of the feet and should be ¼ inch wider and ½ inch longer than the outline of a child's foot drawn on paper while he is standing. A child needs to be present when shoes are bought for him so that they may be fitted properly.

Soles should be firm, flat, moderately flexible, and not slippery. Heels are not advisable, but the soles should be somewhat thicker at the heel and under the arch. The heel should fit snugly, and the toe of the shoe be broad and deep enough so that the child can move his toes freely.

Only if shoes are still ½ inch longer and ¼ inch broader than the child's foot should the soles be renewed when worn out. Take care that when shoes are repaired they are not made shorter or narrower or changed in shape.

When the child outgrows a pair of shoes, he should no longer wear them, nor should he use "hand-me-down" shoes.

Checking on the Child's Progress

Parents often think it will help them to judge whether their child is healthy and growing as he should if they can compare his height and weight with the average figures for height and weight of children of the same age. But this is not really very useful. So many things go into determining what the size of and individual will be that the "average" height or weight may not be the best height or weight for your child at all. To know that a child is growing and gaining steadily is the important thing.

Your doctor may use a growth chart to help him in evaluating your child's growth. But he combines what he learns from this with everything else he knows about your child in judging his progress.

The Doctor

Modern parents believe in going to a doctor to keep their children well, rather than waiting until they get sick to call him. In this way, not only can many illnesses be prevented, and others lessened in severity, but the doctor can help the parents provide for the child the environment that promotes robust health. Besides giving a child regular health examinations, the doctor will advise his parents about his health care and needs, and will give him protection against certain diseases by inoculation or vaccination. (See page 143.)

Soon after a baby is born, most parents select a doctor to look after his health. He may be a pediatrician—a doctor who is a specialist in the care of children—or the family doctor. Or it may be that the mother has taken her child to a well-baby clinic (or child-health conference) and plans to continue doing so until he is ready for school.

If you want to take your child to such a clinic, your State health department will help you locate one. Address your letter to the Director of Maternal and Child Health, State (or City) Department of Health, adding the city where the

Department is located. The State Department of Health is most often in the State capital.

The things about a doctor—either a private practitioner or clinic doctor—that the mother wishes to know are—

Has he been well trained in medicine?

Has he had special training in the care of children?

Has he had experience in the care of children?

It is, of course, also desirable to have a doctor who is kind and sympathetic and "has a way with children" besides being well trained and experienced. These are important things.

Every young child should be examined by a doctor at least once a year; every 6 months is not too often. At these regular examinations, if it is possible, the same doctor should see the child. In this way the child will get to know the doctor well and the doctor will be able to follow the child's progress much better. Then, too, the doctor will understand the child's condition better than if he has never seen him before.

The visit to the doctor's office, to the well-baby clinic (or the child-health conference) should be a pleasant experience. A child should be taught that the doctor and nurse are his friends. A mother who threatens to "call the doctor if you aren't good" makes a great mistake. It is next to impossible for a doctor to examine a screaming, struggling child properly. On the other hand, if a child has been told in advance that he is being taken to the doctor and what the doctor will do, he will usually be less concerned about the examination. He should be reassured that his mother will stay with him.

At each visit the doctor will want to know what has happened to the child since the last visit. The mother can be helpful to the doctor if she is prepared to answer such questions as the following:

Has the child been well? Has he had any diseases? Any accidents? Has he been active and playful? Or listless and cross?

Does he like to eat? What does he like to eat? What has he been eating? Is he getting vitamin D? Is he getting orange juice or some other source of vitamin C?

Do his bowels move regularly? How often?

Does he sleep well? How many hours at night? During the day?

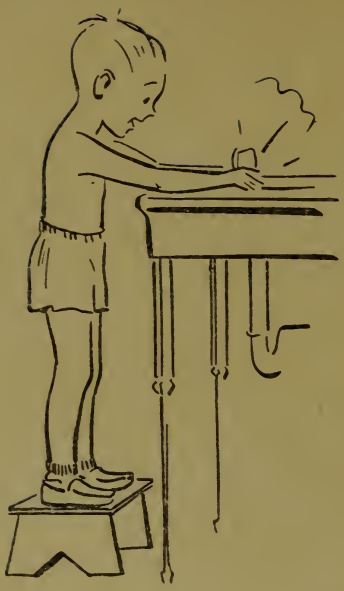
Does he play with other children?

It will help the mother as well as the doctor if she has written down whatever she thinks she should tell him and any questions she wishes to ask, so that she will not forget them.

From his examination and from what the mother tells him, the doctor can judge whether or not the child is growing and developing as a healthy child should. The doctor will keep a record of his findings at each examination so that at later examinations he can compare them with previous ones. This helps him to judge how the child is progressing and to keep in mind any unusual conditions he wants to watch.

After the examination the doctor will talk to you about your child's health, and will make suggestions about his care.

A mother should be sure, before she leaves the doctor's office, that she understands just what he wants her to do. Since he is an expert in health, she will find it well worth her while to carry out his orders to the best of her ability.



14. Prevention of disease

OF COURSE you want your child to be healthy and you want to protect him from disease. It helps you to protect him if you know something about how children get the more common diseases of childhood. It is encouraging to see how much you are already doing to prevent these diseases. To a large extent this protection is provided by the usual good care you give your child each day.

General measures

You have done much to prevent disease when your child has a clean and happy home, the foods he needs, proper clothing, and plenty of sleep, fresh air and exercise.

A good diet not only provides energy and helps to build a strong body. It actually prevents certain diseases. These are called *deficiency diseases* because they result from a deficiency of certain food elements. One such disease is rickets, which is due to lack of vitamin D and is prevented by giving the child some form of vitamin D. Another is scurvy, which is prevented by the vitamin C in oranges, orange juice, tomatoes, and certain other fruits and vegetables.

How diseases are spread by ill people. Keeping your child away from sick people, or from anyone who is coughing or sneezing, is another form of protection. Diseases such as colds, pneumonia, influenza, tuberculosis, measles, mumps and whooping cough get into the body by breathing the germs in through the nose and throat. A person sick with one of these diseases can spray disease germs into the air by coughing, sneezing, or even talking. These germs can remain suspended in the air for hours, and they also fall onto objects in the room. If a child is in the room with the patient he may breathe in the germs from the air, or carry them to his mouth on his hands after handling some object in the room.

Avoiding crowds, when possible, is another protection against these diseases. In a crowd you cannot know whether the person near you is sick or is a carrier of disease. A "carrier" is a well person who carries disease germs in his nose or throat or digestive tract. People who are carriers need not have had the disease whose germs they carry such as typhoid and diphtheria, but they are likely to have had them.

Teaching all of the family to cover coughs and sneezes is a protection against the spread of colds or, occasionally, of more serious diseases that enter the body through the nose and throat.

By skin contact. Another group of diseases is spread by other kinds of contact with persons who have the disease. Impetigo, scabies, and other skin diseases can pass readily from the skin of one child to that of another. The tiny mite that causes scabies can be spread from one person to another directly or on clothing or bedclothes. The discharges of people

with gonorrhea can cause infection if they come in contact with the mucous membrane of the eye. The discharges may be carried on the fingers or on washcloths or towels.

By ingestion of contaminated food or drink. You protect your child from a variety of diseases that enter the body through the mouth and stomach by using only drinking water that is known to be safe and milk that has been pasteurized or boiled, by proper care of foods, and by other sanitary measures.

Water from a well or spring may be clear and cold and refreshing. But if sewage seeps into it from an improperly located privy or a defective drain pipe, the water may contain germs of typhoid fever or dysentery. The same is true of the "old swimming hole." Every year a certain number of children develop typhoid fever because their parents had not made sure that the water in the pool or river was safe for swimming.

Raw milk may carry germs of tuberculosis or undulant fever (which results in man from Bang's disease in animals) if it comes from cows or goats that are infected. Tuberculin testing and inspections have done much to reduce the frequency of these diseases in dairy animals, but because of the difficulty of being completely sure that all infected animals are removed from herds, *raw milk should never be given to children.* Pasteurization or boiling also prevents the spread of other germs that may be introduced into milk if a farm or dairy worker has some infection.

Foods can be contaminated in various ways. Bacteria from mice and rats can infect food if these animals come in contact with the food after it is cooked. Disease germs from the bowel movements of human beings may get into food. They can be carried on the skin of people who do not wash their hands after going to the toilet. They can also be carried by flies which feed on human wastes and then walk over food. Food poisoning, dysentery and typhoid fever can be caused by eating contaminated foods.

Trichinosis can be a serious disease. It is caused by eating fresh pork infested with tiny worms (trichinae). To make

fresh pork safe to eat, it should be cooked until all traces of its pink color have disappeared (allow 30 minutes cooking time, at 350° F., to each pound of pork). Fresh pork sausage is "done" when it is gray throughout, and no trace of pink remains. Some places that sell hamburgers make them of mixed ground beef and pork. If you are not certain that hamburgers contain only beef, make sure they are thoroughly cooked.

By exposure to contaminated soil. Proper disposal of sewage is important for protection against disease. Some of the dangers from contamination of water by sewage and from flies that feed on wastes and then walk over food have already been mentioned. Other dangers exist if people are careless about making the soil filthy with their bowel movements. If such people have hookworm disease they pollute the soil with the parasites that caused the disease. When children walk barefoot over such soil the parasites pass through the skin of their feet into their blood stream. Or the soil may be contaminated by bowel movements of a person who has roundworms, another intestinal parasite. A child in playing gets the eggs on his hands and carries them to his mouth.

Since children enjoy going barefoot, and doing so is good for developing strong feet, parents should vigorously support their health department in fighting for completely safe sewage disposal in their community.

The general measures for protection of children against disease can be boiled down to a few simple rules. These rules fall in three groups: good health habits, rules for good home hygiene, and rules for good outdoor hygiene.

Good health routines

Keep your child away from people who are coughing or sneezing, or who may have an infectious disease.

Keep him out of crowds.

Teach your child to—

Catch his sneezes and coughs in a handkerchief or tissue.

Use only his own towel, washcloth, comb, tooth brush, and other personal articles.

Avoid eating or drinking utensils that have been used by someone else.

Bathe frequently.

Wash his hands with soap and water always after going to the toilet and before eating.

Avoid going barefoot in parts of the country where hookworm is known to be common.

Good home hygiene

Every child should have a clean and well-ordered home. To make this possible for him, you should be careful to—

Keep your home clean and sanitary.

Have all windows and doors properly screened to keep out flies, mosquitoes, and other insects.

Protect food from insects and animals.

Use no raw milk.

Make sure you have a pure water supply. If in doubt, consult your State health department.

In the city insist on regular sanitary garbage and refuse disposal.

In the country see that garbage, refuse, and sewage are disposed of in safe and sanitary ways.

Consult and cooperate with your local or State health department on these and all sanitary regulations.

Good outdoor hygiene

When taking trips in a car, camping out, or picnicking, observe the following precautions and teach them to your child:

Boil all water from outside sources for drinking, brushing teeth, and washing food. Remember, the clearest-looking spring water may be unsafe.

Before letting a child swim in a pond, creek, lake, or river, make sure sewage is not drained into it.

See to it that refuse is burned and garbage buried promptly.

Immunization

Children can be protected by immunization against certain diseases that formerly caused many deaths. Every child should be inoculated against *diphtheria, whooping cough, tetanus* (*lockjaw*), *smallpox* and *poliomyelitis*. Even though some of these diseases may be rare in your community, you never know when someone who has been exposed elsewhere may bring in the disease.

Most of the immunizing inoculations should be given early in babyhood and repeated at the intervals necessary to maintain immunity. It takes a little time after the inoculation for the immunity to develop so it is important for the child to have this protection before he is exposed. Early immunization against whooping cough is especially important since this disease is most dangerous in a young baby. And the reaction to a first smallpox vaccination is usually milder in a baby or young child. So doctors recommend that immunizations be started when the baby is 1 to 2 months old, providing this time does not fall in the polio season.

Immunization against diphtheria, whooping cough and tetanus can be combined by giving inoculations of a mixture called *triple antigen*. This makes fewer injections necessary.

Suggested immunization plan

The following plan for immunization is suggested:

At 1 or 2 months, first injection of triple antigen (against diphtheria, whooping cough and tetanus). Two more injections at intervals of one month. Twelve months after third injection of triple antigen, a fourth injection, and again at about 4 years of age.

One month after the third injection of triple vaccine, smallpox vaccination. At 5 to 6 years, repeat smallpox vaccination.

At 2 months or soon after, first polio injection. Four to 6 weeks later, second polio injection. Seven months after second polio injection, a polio booster injection.

After 5 years of age combined inoculations against diphtheria and tetanus are given at 3 to 4 year intervals. Smallpox vaccination should be repeated every 5 years, or if there is an epidemic, or if the child is to travel abroad.

There are other, slightly different immunization plans which some doctors prefer. Or some shift in the schedule may be advised if it is thought better to give the shots in certain seasons than in others. For some children the general plan may have to be altered because illness or some other reason prevents inoculation according to schedule. Find out from your doctor or health officer what plan he advises for your child. The important thing is to have a plan and to follow it.

If your child has not had the inoculations he should have had before his present age, talk to your doctor or health department about getting them started right away. The doctor will tell you what plan is best for the child now.

Ask your doctor or clinic to help you keep a record of the dates and kinds of inoculations your child receives. If you move to a different locality or change doctors for any other reason the new doctor will want this information. Without a record you will find it hard to remember when your child had his shots or what kind they were. So make a record for each child separately and keep it in a safe place where you will not lose it.

Other inoculations

Typhoid fever is not common among children so not all children need to be vaccinated against it. If a case of typhoid fever breaks out in your neighborhood and the source of the infection is not immediately found and removed, it is probably wise to have everyone in your family vaccinated against typhoid fever. For children who might travel in or to places where the purity of the water is uncertain or where typhoid fever is known to occur rather often, typhoid vaccination is advisable.

Typhoid vaccination is given in a series of 3 injections 1 to 4 weeks apart. For young children smaller doses and more injections may be preferable.

Measles can be serious for a child under 2 because there is danger that pneumonia will follow. There are no inoculations that provide a lasting immunity to measles, but it is possible to develop a temporary resistance to the disease by injections of gamma globulin, or blood serum from a person who has recovered from the disease.

If you know that your child has been exposed to measles your doctor may think it wise to give such inoculations in order to prevent an attack of the disease. Or he may think it better to give the inoculations at a time that will not prevent an attack but will make it quite mild. The mild attack will usually develop a lasting immunity; if the attack is prevented altogether the child will not be immune to a later exposure.

Rabies is one of the most serious of diseases. A child who is bitten by *any* dog should be seen at once by a doctor, who will decide what immunization procedure to use. He will most likely give a booster shot against tetanus in any case.

It is important that the dog be caught, if possible, and confined for 10 days. *A dog suspected of rabies should never be destroyed,* for the opportunity is then lost of finding out whether the dog actually had rabies.

If the dog does not get sick within 10 days, the danger of its developing rabies is over. If it shows signs of rabies and must be killed, or dies within that time, its head should be sent to the nearest public health laboratory so that it may be determined if rabies was present.

It is very important that all dog bites, or bites of other animals, be reported to the local health department.

To eradicate the disease from the community all dogs, without exception, should be vaccinated against the disease. Every parent should work for such a law and its proper enforcement.

Rheumatic fever is usually preceded by a streptococcus infection—most often a strep throat. Avoidance of exposure to

people with sore throats, and prompt and thorough medical treatment of streptococcus sore throats if they occur, will usually prevent rheumatic fever. (See pages 166, 167.)

Other Special Protective Measures

Malaria is carried to human beings by certain kinds of mosquitoes that are more common in some parts of the country than in others. In such areas it can be prevented by wiping out the breeding places of the mosquitoes—swamps, pools of still water, ponds, or even water standing in unused barrels or tin cans. Screening and spraying of houses and porches will do much to prevent the spread of this disease. Unused receptacles that may collect rain water should be turned upside down or covered so that water will not accumulate and stand.

Tuberculosis of the lungs in children comes from being near a person who has tuberculosis. A tuberculous person may infect a child directly by droplet infection in breathing, talking, or coughing, or indirectly by spraying germs on objects throughout the house. If, therefore, any member of a household has the disease, either that person or the child should be removed from the home while the disease is in the active stage. All other members of the family should be examined for tuberculosis. Your doctor or the public health authorities will, of course, decide when it is safe for family living to be resumed. Children should be kept away from anyone with a chronic cough (unless the cough is known to be non-tubercular), since frequently such a cough is due to unrecognized tuberculosis.

A child who is suspected of having come in contact with a person having tuberculosis should have a tuberculin test. If this test is positive, X-rays of his chest should be taken.

Some doctors are now recommending that all children be given the tuberculin test at 3 years of age and every third year thereafter up to 18 years.

With free chest X-rays widely available, every member of every family should have them at regular intervals.

Rocky Mountain Spotted Fever, sometimes called Tick Fever (not Colorado Tick Fever), is carried by wood ticks or dog ticks that are infected with the disease. Infected ticks are more common in some parts of the country than others. It is not possible to tell by looking at a tick whether it carries the infection or not, so in areas where tick fever occurs all ticks must be treated as if infected.

If you live in an area where there is tick fever there are certain precautions you should take during the tick season. Discourage your child from playing in brush and high grass or weeds where ticks are thickest. Inspect his whole body and the inside of his clothing at noon, and at night before he goes to bed; look for ticks especially at the hair line, on his scalp, and in the folds of his skin. The longer the tick is attached to the body, the greater is the danger of infection. Looking a child over often is important, as ticks usually wander around the body for hours before they attach themselves.

Never crush a tick in your fingers. Always handle a tick with pincers or a piece of paper, burn the tick or flush it down the toilet, and wash your hands afterwards. If the tick is so firmly attached it cannot be removed easily, do not pull at it. Its hold can be loosened by covering it with grease, oil or cold cream so that it cannot breathe.

If you live in an area where there is much tick fever your doctor may advise having your child immunized, but injections have to be repeated each spring for continued protection. Where the disease is less common immunization is not usually used, since new drugs have led to improved methods of treatment.

15. The sick child

IF YOUR CHILD is sick you usually know it. Parents, who see a child every day, are quick to recognize sudden changes in his behavior.

Sometimes, however, signs of illness can come on so gradually that the parents do not realize that anything is wrong. If a child is being seen regularly by a doctor he will probably notice any slowly developing signs of disease before the child is sick.

There are certain signs that may develop gradually which parents should notice and report to the doctor. Signs of fatigue, such as refusal to eat a meal, fussiness, or irritability, should

disappear after a good night's sleep. But a child who habitually has little appetite for food, who is cranky, pale, tired, and failing to gain weight, is often a sick child. If your doctor finds that no disease is present he may be able to help you find what it is in the child's daily life that is keeping him under par. It is especially important for such a child to be under a doctor's regular supervision.

Signs of Acute Illness

Acute illnesses are those that develop rather quickly and usually last only a few days or weeks. You are not likely to miss the signs of an acute illness. If your child suddenly develops a sore throat or fever, or if he vomits or has a convulsion, you know he is sick.

Sometimes, however, the signs aren't so obvious—especially at the beginning of an illness. So it is wise to be suspicious if your child begins to look or behave differently from usual. A cheerful, active child who begins to be irritable or listless, or seems to tire easily, may well be coming down with a disease. Or a child who, for no apparent reason, begins to complain of aches and pains may have a real cause for his complaints.

Pay particular attention to any of the following signs of illness:

1. *Fever.*—Flushed cheeks and hot dry skin. (For discussion of temperature, see pages 154, 155.)
2. *Irritability.*—Fussing and whining, or persistent crankiness, by a child who usually plays and is happy.
3. *Drowsiness.*—Wanting to sleep more than usual, especially at a time when he usually plays.
4. *Loss of appetite.*—Refusal of food by a child who usually eats well. Refusal at one meal may mean only that he is tired or more interested in play than in food. But if he is not sick he should be more than ready to enjoy the next meal.

5. *Vomiting.*—May be after eating or taking liquid or may not.
6. *Diarrhea.*—A sudden increase in the number of stools, especially if they are loose and watery. This may be an early sign of any infection or of a disease of the bowels. If pus, blood, or a large amount of mucus is in the stools, the doctor should be called.
7. *Runny nose.*—A runny nose in a child may be the beginning of a cold or of some other communicable disease, such as measles, influenza, or whooping cough.
. *Cough.*—A cough in a child is more likely to be a sign of illness than in a grown person.
9. *Sore throat.*—May be associated with a cold or may be the beginning of another communicable disease.
10. *Hoarseness.*—A huskiness in the voice, if accompanied by fever, may be the first sign of diphtheria, especially if the child has not been immunized against this disease. A doctor should be called at once.
11. *Pain.*—A child who complains of persistent pain in any part of the body should be seen by a doctor. Earache, severe headache, or pains in the stomach, abdomen, chest, or joints may indicate serious disease, infection, or injury.
12. *Convulsions.*—Convulsions, spasms, "fits," or twitching of the face or arms or legs may be an early sign of some serious disease.
13. *Stiffness of the neck or back.*—May be associated with disease or irritation of the nervous system.
14. *Rash.*—A breaking out on the skin.

Be on the safe side and call the doctor as soon as you think your child is sick. Many serious illnesses have mild beginnings. If the child has any of these acute symptoms—convulsion, stiffness of the neck or back, pain in the abdomen that lasts for more than an hour—or if he looks and acts genuinely ill, it is urgent that you call your doctor immediately. Tell the doctor as exactly as you can what signs of illness you have noticed. Then listen carefully to what he tells you. Have pencil and paper at hand to write down his instructions.

Until You Can Ask the Doctor

Until you can get your doctor's advice there are a few things that it is wise to do for a sick child:

1. If he has fever or doesn't act like his usual happy self, put him in bed in a quiet, cool place where he can easily fall asleep.
2. Keep other children away from him. He needs quiet, and until you are sure he does not have a disease other children can catch you do not want to expose them to infection.
3. If the child is vomiting or having diarrhea, stop all food but offer him small amounts of water frequently. If he continues to vomit, stop giving even water for awhile. At the end of 2 hours, try giving him a few sips of water, ginger ale, or sweetened weak tea. If the vomiting does not start up again, continue to give him one of these liquids often.
4. If the child is neither vomiting nor having diarrhea, give him liquids—water, fruit juices, milk, or broth—as much as or as little as he wishes. Never urge a sick child to eat.
5. If he has a high fever and is restless, give him a cool sponge bath to make him more comfortable.
6. Take his temperature every 4 hours and keep a record of it on a piece of paper.
7. Save a sample of the child's urine for the doctor.
8. If the child has diarrhea, save a sample of his bowel movement, also.
9. Do not give any kind of medicine unless directed by the doctor.

Care of a Sick Child

If there is a Visiting Nurse Association in your community, the help you can get from the visits of the nurse, in carrying out your doctor's orders, and in making the child comfortable, will take part of the load off your mind.

If you have any choice, put a child who is sick in a room convenient to the bathroom. Arrange things so that there is

good ventilation, without a draft across the bed when a window is open. Keep other children out of the room, as many children's diseases are most contagious in the early stages, before the illness has been diagnosed.

Keep a large apron or coverall in the sick room and wear it while taking care of the sick child. Before leaving the room, take off the apron and hang it up inside the door.

Wash your hands well with soap and water after caring for a sick child. If the bathroom is not near the sick room, keep a basin of water and a cake of soap on a table just inside the door and wash your hands just before leaving the room.

A sick child, even one who has a simple cold, should be kept in bed, and away from other children in the family. Doctors say that rest in bed is the first principle of good treatment for colds.

When a child is acutely ill, and especially when he has a high temperature, he is usually very good about staying in bed. He is drowsy and is likely to sleep a good deal of the time. He prefers not to be disturbed in any way and is not interested in toys or play. During this period a sick child should not be bothered by any unnecessary attention.

Beyond carrying out your doctor's orders, nothing should be done to him which might be disturbing.

A child who is getting well is, however, another matter. Children have such remarkable comeback powers that, once an acute illness is over, they soon feel fine and begin to clamor to get up before it is safe for them to be out of bed. Instead of nagging a child into staying in bed, a wise mother tries to find ways of keeping him contented there.

For young children a new, cuddly animal or doll, or an old and loved one, large beads to string, coloring books, or a toy telephone will often be quite satisfying. Older children will take to simple jigsaw puzzles, peg boards, or weaving games with pleasure. An unending source of interest for some children is to thumb through the pages of an old mail-order catalogue, and cut pictures from it.

A child who has had fever should be kept in bed at least

24 hours after his temperature has reached and stayed normal (98.6° to 99.6°). If he has had fever for more than 2 or 3 days, the doctor may advise another day or two in bed. If this precaution is taken, the serious aftereffects of many diseases can be avoided.

Cleanliness

Keep a sick child's body clean. Give him a warm sponge bath once or even twice a day. Take care that he is not chilled during the bath; don't completely uncover him unless the room is warm.

Elimination

If a sick child is not taking much food, his bowels may not move so frequently as usual. If there has been no bowel movement for 48 hours or if the child seems to have pain in his abdomen, you can give an enema of warm salt water, if your doctor approves. (See pages 155, 156.) *Never give a laxative without a doctor's advice.* It is sometimes very dangerous to give a laxative, especially if there is pain or swelling of the abdomen.

If the child urinates less frequently than usual, more fluids should be given to him to drink unless he is vomiting.

Food and water

A sick child seldom wants to eat as much as he does when he is well. Very often he is unable to digest the amount of food he usually eats. If a child is vomiting or having diarrhea, it is best to stop all food for a time. Consult your doctor before starting food again.

In illnesses that do not upset his digestion a child may have a simple diet containing such foods as milk, fruit juices, cereal, egg, toast, mashed vegetables, and simple desserts, unless your doctor orders a special diet. If your child is ill only a few days you need not worry if he does not get all the kinds of foods he needs in his regular diet. During a longer illness your doctor can help you plan the diet that will best meet his needs.

A sick child needs water, especially if he has a fever. It should be offered to him as often as every hour that he is awake. Unless he has a digestive upset, he can drink fruit juices freely. If a child is vomiting, it is sometimes necessary to stop giving fluid for a time, but it should be started again in small amounts as soon as he can keep it down. Often a child can retain cracked ice or small amounts of ginger ale or carbonated water before he can keep water down.

Taking the temperature

A rise in temperature is one of the ways in which the body shows its reaction to infection. How high the temperature rises varies with the infection and with the child, but to check on the actual height of a child's temperature is less important than to observe the flushed face and hot neck that show he is sick. A mother soon gets to know when her child has a fever; she feels his hot forehead and neck, and she can also tell by the way he acts that something is wrong.

When it seems important to know your child's temperature, or when your doctor asks you to record it, you can do it in one of several ways.

While your child is well, buy a thermometer. Ask the druggist, a public health nurse, or your doctor to show you how to read it, and how to shake down the mercury to a figure below that of the usual body temperature.

By the time your child is 3 or 4 you can take his temperature by mouth. This is about as early as he can understand how to keep the bulb of the thermometer under his tongue, and to keep his mouth closed, without biting the bulb. Although the instructions on many thermometers say one minute is long enough it will be better to have him keep the thermometer in his mouth for 3 minutes.

Another way of taking temperature is under a child's armpit (so-called axillary temperature). Take off enough of his clothing so that you can easily slip the bulb end of the thermometer into his arm pit. With the thermometer high under his arm,

press his arm closely against his side. With a young child it is best to have him in your lap and hold him close against you, so that the thermometer will stay securely in place. To get a reading of his temperature, hold him, and the thermometer, still for at least 5 minutes. The temperature when taken this way may be slightly lower than when taken by mouth, but it is satisfactory for most purposes.

A third way of taking the temperature, by rectum, is the way that most mothers in the past have been taught to take their babies' temperature. However, as children outgrow babyhood, they may be less disturbed by having their temperature taken by mouth or in the armpit. If your child is used to having his temperature taken by rectum, and doesn't mind it, you can continue to do it that way.

After reading the thermometer, wash it in cool soapsuds, rinse it, and put it away. Hot water will break it.

A child's temperature normally ranges from 98° to 100°. A child is more likely than an adult to have fever when he is ill, and when he has fever, it is likely to be higher than that of an adult. A rise in temperature frequently accompanies even a slight upset.

A regular daily rise in temperature, even if the temperature does not go much above 101°, is often just as important a symptom of disease as a higher temperature that lasts a short time. A child who is sick may have fever at any time of the day or night, but it is likely to be higher in the evening than in the morning. One cannot judge that a fever has completely disappeared until it is within normal limits at the time of day when it has been highest.

Let your doctor know the way you took your child's temperature.

Giving an enema

A small enema will often give relief if a child has pain in the abdomen that is associated with something eaten or drunk, or with constipation. But enemas should be used only rarely unless advised by the doctor for some special reason.

To give an enema you will need a bulb syringe with a small tip; a sheet of plastic or other water-proof material, or newspapers, and a bath towel, to protect the mattress; some petroleum jelly; salt and water, and a container in which to make a salt solution. With a child old enough to stay fairly quiet, a bedpan can be used instead of the bath towel.

Put one to two cups of lukewarm (*not hot*) water in the container and add half a teaspoonful of salt for each cup of water. For a 1-year-old use not more than one 8-ounce measuring cup, for a 5-year-old not more than 2 cups.

After putting the water-proof sheet over the mattress, let the child lie on his side on it, with the bath towel or bedpan under his buttocks. If you prefer, he can lie on newspapers spread on the floor. To fill the syringe, place the tip of it in the salt solution, squeeze the bulb, then release the bulb and let it suck up the liquid. Grease the tip of the syringe lightly with the petroleum jelly.

Put the tip of the syringe about an inch inside the child's rectum. By gentle pressure on the bulb allow the liquid to run into the rectum slowly. If this is done gently and slowly it causes little or no discomfort and is less likely to be expelled immediately. Never force a child to hold more than he can take without discomfort.

When the solution has been put in, take out the syringe tip. Hold the buttocks together for a few minutes to keep the liquid in. Then let the child expel it into the bedpan or a potty.

Occasionally the liquid does not come out. If this happens you can repeat the enema after 15 or 20 minutes. No harm is done if the salt solution does not come out. The enema may also be repeated if the liquid is expelled without bringing much stool with it. But do not repeat it more than once or twice without consulting the doctor.

If instead of a bulb syringe you use an enema bag or enema can with a rubber tube and small tip, you should hang the bag not more than a foot or two above the level of the child's rectum.

Keeping a Record of the Child's Illness

Keep a record on paper of what happens when your child is sick. Write down a record of the temperature each time it is taken, the times he passes stools or urinates, the times he vomits, and anything else you think important.

A SAMPLE REPORT FOR YOUR DOCTOR COVERING ONE DAY'S OBSERVATION AND CARE

	How much?	*How often?*	*Comments*
Fluids taken			
Urinated			
Food eaten			
Vomited			
Bowel Movement			
Slept			
Bathed			
Medication given			
Doctor's orders			
Child's complaints			
Your observations			
Child's temperature (every 4 hours)			

16. Children's diseases and disorders

Colds

Colds are contagious and all children should be kept away from anyone who has a cold. What is "only a cold" in an adult may develop into bronchitis or pneumonia in a young child. A cold sometimes causes earache and "running ear."

A child with a cold should be kept away from other children. The inconvenience of keeping the child off by himself is much less than the difficulties that result from having a cold run through all the family.

A number of contagious diseases besides colds begin with sore throat or a runny nose, and any child with either of these symptoms should be put in a room by himself, away from other children.

Rest in bed is an essential part of the treatment of a cold. If possible, the room temperature should be kept even day and night, at 65° to 70° F., and the child should be protected from drafts.

Colds in the head cause difficulty in breathing. When the child's head is stuffed up or when he is coughing, it may be helpful to let him breathe air with steam in it. This may be done by placing him in a small room in which water is boiling or a bathroom with hot water running. Letting him breathe steamy air for 10 to 15 minutes three or four times a day will as a rule make him more comfortable. If this is done before eating, it may relieve the stuffed-up feeling in his head, so that he can take his food more easily. Of course, someone should stay with the child, and great care must be taken to avoid burning or scalding him.

The doctor may order some drops to be put into the child's nose with a medicine dropper, which will shrink the lining of the nose so that breathing will be easier. If the nasal drops the doctor advises come in a plastic spray bottle, be sure the child is in an upright position when you spray his nose.

Do *not* put mineral oil or nose drops of any sort that are oily into the child's nose. Do not put any nose drops, or anything else, into a child's nose without the advice of the doctor.

If the child's nose is running, care must be taken to keep the skin under the nose from becoming inflamed. Try to keep the skin dry by wiping it with a soft, old handkerchief, or, better still, with a soft paper tissue

which is to be thrown away after use. A little cold cream smeared under the nose helps.

Enlarged or diseased tonsils and adenoids

The tonsils are small, soft masses of tissue lying on each side of the throat. Adenoids are similar but smaller masses lying in the back of the nasal passages. Some children's tonsils and adenoids may get so large that they interfere with breathing and even with swallowing.

Chronic infection in the tonsils and adenoids may be the cause of colds, sore throats, earaches, running ears, or swollen glands.

Tonsils which are merely enlarged should not be removed if they are not infected and do not interfere with breathing or swallowing. The same holds true for adenoids. Tonsils and adenoids that are frequently or chronically infected, however, may need to be removed. Your doctor will advise you if this should become necessary. Many children never have to have this done. Most doctors feel it is best not to have tonsils removed during the polio season.

Sore throat

Young children may have an inflamed throat without complaining about it. Whenever a child has fever or vomits or suddenly refuses his food, look at his throat. If it looks red or swollen or has white patches on it, call the doctor.

It is especially important to get prompt treatment for one special kind of sore throat called a strep throat. A strep throat is caused by infection with the streptococcus germ. It is sometimes followed by rheumatic fever (see pages 166, 167) or by acute nephritis, a kidney disease (see page 173). If treatment is started early and continued until all infection is gone, these serious diseases can usually be prevented. The fever and other signs of illness may disappear soon after treatment of the sore throat starts, but treatment should be continued long enough to be sure the child is entirely rid of the infection.

Only a doctor can tell when a child has a strep throat. But the doctor usually asks the parents some questions. To help parents know what to look for, the American Heart Association has listed some of the questions the doctor may ask about a sore throat.

These questions are: Did the sore throat come on suddenly? Does the child's throat hurt him when he swallows? Does it hurt when you press under the angle of the jaw? Are the glands there swollen? Does the child have fever? (Usually a strep infection brings on a fever between 101 and 104 degrees.) Does his head ache? Is he sick at his stomach? Vomiting? Has he

been near anyone who had scarlet fever or a sore throat?

Any child with a sore throat should be kept away from other children. A strep throat is contagious and it is important to protect other children from an infection that can have such serious aftereffects.

Swollen glands (lymph nodes)

The "glands" that may become inflamed when children have colds or sore throats are not really glands but small lumps of lymph tissue just under the jaw on both sides on the neck. Since they play a significant role in fighting germs they often become swollen when a child has an infection in the mouth, nose, throat, or ears. Any swollen glands should be reported to the doctor. (See also mumps, pages 163, 164.)

Croup

There are two kinds of croup: The simple spasmodic type and the severe type, which is really laryngitis. Both kinds must be taken seriously, for it is often impossible at the beginning to tell them apart. Simple spasmodic croup is not dangerous, but the other type is dangerous and requires a doctor's immediate care. Whenever a child's cry or voice becomes hoarse or weak and husky, a doctor should be called at once, so that he may treat him and give diphtheria antitoxin if the child has laryngitis which he thinks may be due to diphtheria.

An attack of simple spasmodic croup usually comes on suddenly between bedtime and midnight, when a child who went to bed apparently well wakes up with harsh, noisy breathing or a dry, barking cough and some difficulty in breathing. The cry and voice are usually strong but hoarse. The child may be frightened, and his fright increases the symptoms. Croup frequently occurs 2 or 3 nights in succession, and a child who has had one attack of croup is likely to have others.

Before the doctor comes, the child should be placed in an atmosphere filled with water vapor. Sometimes the child is placed in a steam tent, but the most convenient way of providing steam is placing him in a small warm room in which water is boiling or in a bathroom with hot water running. The doctor will advise the kind of treatment needed.

The day after the attack the child should be kept quiet in a warm room at even temperature, in bed, if necessary. For 2 or 3 days after an attack the child should not breathe very cold air; even the air in his sleeping room should be kept warm and moist.

Laryngitis

If a child who has had an attack of croup in the night is

still hoarse the next morning, he probably has laryngitis—a condition sometimes due to diphtheria. It may accompany or follow a sore throat. A child with this serious form of croup usually has hoarseness, loss of voice, and noisy, labored breathing and seems increasingly sick. He may become worse during the night. Exhaustion and weakness are very serious signs. He should be seen by a doctor as soon as possible.

If the child has been immunized against diphtheria (see p. 143), he is unlikely to have this kind of laryngitis.

Ear disorders

An earache or a running ear may develop during a cold or some other illness. Never try to treat a painful or discharging ear without a doctor's advice. Warm, wet compresses or a well-wrapped hot-water bag may relieve the pain.

A small cotton bag of salt warmed in the oven can be used instead of a hot-water bottle. A bag which is only partly filled with either water or salt will feel better on the ear than a tightly filled one. Be sure the water or salt bag is not too hot.

Deafness, mastoiditis (inflammation of the mastoid bone), or even meningitis (see page 166) may result from neglected ear infections.

Pneumonia

Pneumonia may develop after a cold, measles, whooping cough, or other infection, or it may begin suddenly.

The usual symptoms of pneumonia are fever, cough, and rapid, difficult breathing. In very young children the only symptoms may be fever, very rapid breathing, and convulsions.

If these symptoms occur a doctor should be called at once. Early treatment in pneumonia is truly life-saving. Medicines, of course, are always given only under your doctor's order.

Influenza or "grippe"

The early symptoms of influenza are somewhat like those of a common cold. High fever, vague pains, and marked weakness help to distinguish influenza from a cold.

Pneumonia is the most common and serious complication of influenza. For this reason a child who develops influenza or "grippe" should be seen by a doctor.

Chickenpox

Chickenpox is seldom serious, and complications are rare. It is easily spread to a healthy person who has never had it, by contact with someone with the disease. About 2 or 3 weeks pass between contact and appearance of the disease.

The first symptoms may be fever followed within 24 to 36

hours by an eruption, but often there is no sign of the disease until the rash appears. The rash begins as small red spots, which become small blisters—first filled with clear fluid and later with pus. Some children have only two or three spots altogether but usually crops of these come out over a period of 3 to 4 days. As they burst, scabs form. The rash itches, but scratching tends to produce scars; keeping the child's nails cut short, and having him wear mitts at night may help to cut down scratching. Sponging the rash with alcohol several times a day, or using a paste of baking soda and water will give some relief from the itching.

Diphtheria

Diphtheria is spread when the discharges from the nose and throat of a person who has the disease or is a carrier of the disease reach the nose or throat of a well person. It takes 2 to 6 days after exposure for the disease to develop. The first symptoms are sore throat, hoarseness, croup, and fever. A grayish membrane may develop in the throat. The fever is usually not high and generally the child looks much sicker than his temperature would indicate. Headache and vomiting may be present.

A doctor should always be called when a child has a bad sore throat and shows patches of white or gray in the throat, or if the child is hoarse and has any difficulty breathing. The earlier antitoxin and other treatment for diphtheria are given, the more effective they are.

Diphtheria can be prevented by immunization. (See page 143.)

Very few persons get diphtheria more than once.

Measles

Measles is a more serious disease in young children than in older children. Measles is very contagious. It is spread by discharges from the nose and mouth of an infected person that reach the nose and mouth of the well child. The disease usually develops 12 to 14 days after exposure, although measles has been known to develop in as short a time as 7 days after exposure. Early symptoms are fever, cough, watery eyes, runny nose, and general fatigue. The rash, which is red, irregular, bumpy, appears 3 to 4 days after the beginning of the symptoms—first around the neck and ears, then on the rest of the body, including the face. Small, bluish spots (Koplik's spots) occur on the inside of the lips and cheeks before the rash appears. The disease can be given to others from the time the first symptoms appear until about a week after the appearance of the rash.

Complications such as ear in-

fection and pneumonia develop in some children after measles. Much can be done to prevent these complications by following the doctor's advice carefully and keeping the child in bed long enough.

If a mother knows that her child has been exposed to measles, she should take him to a doctor. The doctor may give the child an injection of convalescent measles serum or gamma globulin that will tend to make the attack of the disease mild.

One attack of measles usually makes the child resistant to later attacks. Some people, however, have measles more than once.

German measles

German, or "3-day," measles is not a serious disease. Complications following it are rare. It is, however, very contagious. It appears 14 to 25 days after exposure, usually about 18 days.

The rash, which may look like either a measles or a scarlet-fever rash (except that it is usually less red), appears within the first 24 to 36 hours of illness. The rash is often the first, and may be the only, sign of illness. The glands at the base of the skull, however, are generally enlarged.

There is no specific treatment for German measles, but a doctor should see the child to make sure that the diagnosis is correct.

Some doctors advise deliberately exposing little girls over 3 years old to a case of German measles, to get the disease safely over before the child-bearing period is reached. This is because German measles in a mother during early pregnancy may harm the unborn baby.

Roseola infantum

This disease, which is sometimes called "4-day fever," is a condition which usually affects children under 3 years of age. The onset is usually abrupt and the child may seem quite ill. There is usually high fever, 104° or over, and there may be convulsions, dizziness, or vomiting.

The fever, which is the outstanding symptom of the disease, usually lasts for 3 days and falls abruptly on the fourth. It is followed within a short time by a rash resembling measles, which appears first on the neck and trunk and later spreads to the arms and legs. Commonly the only noticeable signs of roseola are fever and the rash that follows, but your doctor should see the child. Though often severe enough to cause parents alarm, it is usually not a serious disease.

Mumps

In childhood, mumps is not a serious disease. It can, however, have serious complications, which luckily are rare.

It appears 14 to 28 days after exposure, usually about 18 days.

The symptoms of mumps are fever and pain and swelling of the gland (parotid) just below and in front of the ear on one or both sides. There may also be pain on chewing and swallowing.

A doctor should be called to see a child suspected of mumps to decide whether the child has this disease or swollen glands, since the treatment of the two diseases is not the same.

Whooping cough

Whooping cough is a more serious disease in infancy than in later childhood. It is spread by discharges from the throat of a person sick with the disease. It usually appears 5 to 10 days after exposure, but occasionally as late as 21 days.

Whooping cough begins slowly and gradually. It starts with a cough like the one that accompanies many common colds. This cough usually lasts about 2 weeks before the whooping begins. Whooping cough is contagious during this early period before the appearance of the whoop. Since the diagnosis is difficult during this stage, often the disease is not recognized, and many children spread the infection before it is known that they have it. If there is whooping cough in the neighborhood, a mother should be on the alert to keep her child away from those having the disease.

Whooping cough in early childhood is usually prevented if inoculations are given during infancy (see page 143), but a child who is exposed to whooping cough should have a booster inoculation even though he has been inoculated recently. This does not always prevent the disease, but it often makes it milder.

If a mother has any reason to suspect that her child has whooping cough she should call the doctor.

Scarlet fever

Scarlet fever may be either mild or quite severe. Whether mild or severe, it is contagious for other children. It is spread by discharges or droplets from the nose and throat of an infected person or carrier. It can also be spread by milk which has been contaminated with the discharge of germs from an infected person or carrier.

The first symptoms of scarlet fever appear 2 to 5 days after exposure to the disease. The disease usually begins suddenly with nausea, vomiting, fever, and sore throat followed by the rash, which generally appears on the second or third day. The rash comes out first on the neck and chest, spreads over the entire body, except the face and scalp, and consists of pinpoint red spots on a reddish background.

Scarlet fever is a streptococcus infection and may lead to rheumatic fever or acute nephritis just as may other forms of strep throat. (See pages 166, 173.) Prompt and full treatment is therefore important, even when the scarlet fever itself is very mild.

A child who has been exposed to scarlet fever should be taken to a doctor even if he is not sick, and a doctor should be called at once if a child is suspected of having scarlet fever. The doctor will know how to treat the child. He will also take measures to safeguard the other members of the family and the community from the spread of the disease.

Infectious hepatitis

Infectious hepatitis, or yellow jaundice, is a virus disease that affects the liver. It is a serious disease and may last 2 to 3 weeks or longer. The virus causing it has been found in sewage and many epidemics of this disease have been traced to contaminated water.

The main symptoms are fever, jaundice (yellow skin and eyeballs), loss of appetite, vomiting, failure to gain weight, and pale or clay colored bowel movements. In babies and small children, hepatitis may occur without jaundice.

Injections of gamma globulin to children who have been exposed to hepatitis help to prevent the disease.

Infectious mononucleosis

Infectious mononucleosis, or glandular fever, is an infection that is probably caused by a virus.

The chief symptoms are fever, general discomfort, sore throat and enlargement of the lymph nodes of the body. The lymph nodes of the neck are usually the first to enlarge. Your doctor will know how to tell the difference between this ailment and simple swollen glands.

There is no specific treatment for infectious mononucleosis but sometimes doctors use sulfa drugs or antibiotics to prevent complications. Weakness and fatigue may hang on for some time after the disease runs its ususal course of 1 to 3 weeks.

Poliomyelitis (infantile paralysis)

Of the children who get infantile paralysis, or poliomyelitis, only 10 to 50 percent become paralyzed in the acute stage of the disease. Even fewer become seriously or permanently crippled and recovery from paralysis is possible up to a year or so after the attack. Very few persons get poliomyelitis more than once.

The disease usually develops 7 to 14 days after exposure, sometimes earlier.

The early symptoms of the disease are moderate fever, headache, occasional vomiting,

drowsiness, and fretfulness, and some stiffness or pain in the back or the back of the neck. Paralysis follows a few hours to a few days later. Occasionally paralysis appears without any previous symptoms.

The child should be put to bed and a doctor should be called at once if these symptoms appear and infantile paralysis is suspected in a child. There is no specific treatment for the disease, but proper medical and good nursing care in the early stages are highly important.

Immunization against poliomyelitis can protect most children against this disease. Ask your doctor or your health department about having your child immunized.

Meningitis

Meningitis is a very serious infectious disease. It can be caused by many germs, but the germ that causes most epidemics of so-called spinal meningitis is the meningococcus. The early symptoms of meningitis are abrupt onset of fever, headache, vomiting, and stiffness of the neck. Vomiting tends to be forceful (projectile). Sore throat may be present and there may be a rash.

It is imperative that a doctor be called immediately if a child shows these symptoms, because the earlier treatment is begun the greater the chance for recovery. There are now methods of treatment that have made this disease far less to be feared than it once was.

Vaginitis

Vaginal discharge may occur in little girls. It may follow an acute infection or be due to lack of cleanliness. It may, however, also be due to gonococcus infection, which is contagious and is a serious condition. Any child with a vaginal discharge should be examined by a doctor. If promptly and thoroughly treated, this disease can be quickly and completely cured; otherwise it lasts a long time.

The mother or nurse caring for a child with gonococcus infection should scrub her hands thoroughly with hot water and soap every time she has handled the child. Every article of soiled clothing and bedding used by the child should be boiled. The entire bath and toilet equipment should be strictly separated from that used by any other persons.

Rheumatic fever

Rheumatic fever is a serious disease because the heart can be affected during its acute stage. It is most common in school-age children but it occasionally appears in the preschool child. The disease tends to come back again and again, with further damage to the heart each time.

A streptococcus infection precedes most attacks of rheumatic fever. By preventing, or properly treating strep throat (see page

159) or scarlet fever (see page 164), rheumatic fever can usually be prevented.

To protect a child who has had rheumatic fever from another attack, doctors prescribe regular preventive doses of such medicines as penicillin and the sulfa drugs. It may be necessary for the child to take such medicine for years.

Rheumatic fever may have several forms. In the more usual form there are pain and swelling in the joints, and the pain and swelling are apt to move about from one joint to another. The child may be very sick and uncomfortable, or the disease may be so mild that it is not noticed at all.

Another form of rheumatic fever is chorea or St. Vitus's Dance. In chorea the child may develop jerky movements of the face, arms and legs, that are especially noticeable when he tries to feed or dress himself, to pick up objects, or use a pencil.

Treatment of acute rheumatic fever requires that the child be kept in bed, usually for weeks or months, long after he feels almost well again. Remaining in bed lessens the damage to the heart.

After the attack the child may be left with some scarring of the heart, which is known as rheumatic heart disease. Rheumatic heart disease does not usually prevent a child from leading a normal life.

Tuberculosis

Tuberculosis in early childhood may affect almost any part of the body. It may affect the lungs, but it most commonly affects the glands (lymph nodes)—especially those inside the chest and abdomen—and the joints and bones. Tuberculosis may also cause inflammation of the lining of the chest (pleurisy), the covering of the brain (meningitis), the lining of the abdomen (peritonitis), the membranes of the eye (conjunctivitis), and the skin.

Tuberculosis is acquired most often by contact with someone who has it, by drinking raw milk from tuberculous cows, or by eating milk products made from such raw milk.

Some of the symptoms common to all types of tuberculosis are: loss in weight or failure to gain weight, unexplained fever, enlarged glands, pallor, and fatigue. Unlike adults, children with tuberculosis rarely have a cough as a symptom of the disease.

Young children who get tuberculosis have a good chance for recovery, provided the diagnosis of the disease is made early. For this reason, if a child has any of the symptoms of tuberculosis listed or if he has been in contact with a person known or suspected to have tuberculosis, he should be taken to a doctor at once for thorough examination, testing, and X-rays. (See page 146.)

Eye disorders

Red or inflamed eyes with watery discharge may be due to inflammation or irritation, to cinder or dust, or to hay fever. (See page 170.)

It is a safe temporary measure for the mother to apply warm or cold wet compresses in order to relieve swelling and discomfort.

Any speck of dirt that is not washed out soon by the watering of the eye should be removed by a doctor. Any injury of the delicate membranes of the eye is a serious matter.

Discharge of pus from the eyes is a sign of infection, which may be very contagious. Eye infections, if neglected, may lead to permanent injury and blindness. Painful or discharging eyes should be treated by a doctor.

It is a good idea to have a child's eyes checked at about 3 or 4, as such defects as lack of ability to focus, or get a clear image, may not always be apparent.

If the child has a squint or if his eyes do not focus properly, a doctor should be consulted as soon as the condition is noticed. In certain cases, operation on eye muscles in early childhood may be recommended by the eye physician.

Eyestrain may show itself by redness of the eyelids, by blinking, or by general irritability. Even very young children occasionally need to be fitted with glasses. Poor sight may be unnoticed by parents, and some children who are thought to be dull or clumsy may have serious eye defects. The possibility of poor vision should be considered if a child has these symptoms.

Anemia

Anemia is a condition in which the child's blood has less red coloring matter than it has under normal conditions. If a child looks pale, the doctor should be consulted; he will probably make a test of the blood to find out whether the child has anemia.

There are several reasons why a child may have anemia.

1. He may have had a severe illness. A general building up after the illness will cure this type of anemia.
2. He may have had a wound that bled a great deal. If the loss has been very great, it may be necessary to give him a transfusion of someone else's blood. If the loss has not been too great, he will recover from the anemia without a transfusion.
3. He may have a serious disease which is destroying the blood. Such a disease, however, is rare among children.
4. His diet may be lacking in iron. Iron is necessary to make the red coloring matter of blood. Foods that supply

iron are meat, especially liver, kidney, and heart, egg yolk, green, leafy vegetables, whole-grain and enriched bread and cereals, molasses, and dried fruits.

Vomiting

Vomiting may be caused by indigestion, by fatigue, or by overexcitement; it may be the sign of some general bodily disturbance or infection; it may be due to some inflammation or stoppage of the digestive tract, or, rarely, to eating some food to which the child is sensitive. It may be the first sign of a communicable disease. If a child vomits more than once, he should be put to bed. If he seems sick or feverish or if the vomiting continues, the doctor should be called, because the loss of body fluids from persistent vomiting, especially when accompanied by diarrhea, may rapidly reduce a child to a critical condition.

A child who has eaten heavily when he was tired, or when he was crying, angry, frightened, or overexcited, may be unable to digest his food, and vomiting is the body's way of getting rid of this undigested material. Such vomiting is not serious, for once the stomach is empty, the trouble is usually over.

Occasionally vomiting becomes a habit. This may result from such a condition as whooping cough, or it may start with no obvious cause. Such habitual vomiting is difficult to handle and should, therefore, be treated by a physician.

Constipation

When a child whose bowels are usually regular goes longer than usual with no movement, or with a very small, hard movement, nothing need be done unless he seems sick. He will probably have a large movement the next day.

If a child has pain in the abdomen, nausea, or vomiting and also constipation, this combination of symptoms may point to a serious condition. No medicine or laxative of any kind should be given, but a doctor should be called.

It is not necessary for a child to have a bowel movement every day. Many healthy children do not have a daily movement. However, small, hard movements are apt to mean constipation.

Children who are on a good diet, drink plenty of water, and have good, regular health habits rarely become constipated. If your child should be constipated often, consult your doctor.

Diarrhea

Diarrhea, or frequent loose movements of the bowels, may

be a symptom of intestinal infection, or some general infection, or of irritation caused by spoiled or indigestible food. Diarrhea due to intestinal infection, or dysentery, is usually accompanied by fever, and blood, mucus, or pus is often found in the stools. A doctor should always be called, because severe diarrhea can be very serious in a child. Without a doctor's orders it is not wise to give any medicine. Until you can consult a doctor, rest in bed, with plenty of drinking water but no food for 12 to 24 hours, is the safest treatment.

Asthma, hay fever, and hives

Certain children when exposed to substances to which they are sensitive develop symptoms such as asthma, hay fever, or hives. A sensitivity of this kind is called an allergy.

Asthma is an allergic condition in which the child has such difficulty in breathing that he wheezes. Asthma may be very mild, but sometimes it is so severe that the child is unable to lie down and must sleep propped up or in a chair. There is usually a severe cough with an asthmatic attack, but unless infection is present also, there is seldom any fever. Asthma may result from eating some food to which the child is sensitive, as egg, or it may result from contact with some fine substances which he breathes in, as dust from the house, from feathers, or from animal hair. Sometimes asthma is associated with colds or other infections. Bronchitis sometimes causes wheezing similar to that of asthma, but it is caused by infection rather than allergy.

Hay fever is characterized by sneezing, itching eyes, and swelling of the membranes of the nose. It can be produced by any of the substances which cause asthma. It is more commonly caused by pollen of weeds and grasses, and therefore usually occurs only at certain seasons.

Hives are itching, raised areas on the skin which look like large mosquito bites. They come out quickly and often disappear quickly and are most commonly due to some food to which the child is sensitive.

A child with any form of chronic allergy (sensitiveness to certain foods, pollens, and so forth) should be under the care of a physician, who by means of tests, trial diets, or changes in the home, will try to find out what the child is sensitive to. Each case is different and needs to be treated individually. In some cases it is not difficult to find the offending substance and remove it so that he has complete relief. In other cases the child is sen-

sitive to so many things that the particular offenders cannot be found. If the child has severe and repeated attacks, it may be worth while to go to great effort to find and remove the cause. If it is necessary to deprive a child of any article of food, however, a satisfactory substitute should be found. No child should be deprived of the essential foods for growth. Allergic conditions are seldom fatal and many children outgrow them.

Children who have received sera (usually horse serum) as a treatment or prevention of disease may become sensitive to substances in them so that if they are given the same kind of serum again they develop symptoms of asthma, hay fever, or hives. If it is necessary for your child to receive a serum, do not forget to tell the doctor about any injection that he has had before. The usual materials used for routine injection to prevent diphtheria, whooping cough and tetanus do not contain horse serum.

In some cases, the question arises as to whether a change of climate may not benefit a child with asthma, other methods having failed.

The United States Public Health Service makes several suggestions to those contemplating such a move. First, keep in mind that "no two cases of asthma are exactly alike," and that a location that has benefitted someone else may not in the present case give relief.

Second, "don't make a drastic change of location for asthma without the guidance of your physician, and, if possible, one or more specialists."

Third, "make any change of climate on a trial basis for a year or two. Although most people suffering from asthma and sinusitis react well to the dry, warm climate of the Southwest, some get worse in the very dry air."

Malnutrition

Malnutrition may be a symptom of chronic ill health. It may be due to chronic infection or disease, poorly planned or inadequate diet, poor eating habits, poor sleeping habits, poor balance between rest and exercise, insufficient sunshine and outdoor life, or a combination of these things.

A malnourished child is often pale, thin, and easily fatigued. His posture may be poor and he may be flabby and listless.

The care of such a child should be under the constant direction of a physician, who will advise about treatment after investigating the causes of the child's ill health and work out the needed changes in his habits of living, sleeping, and eating.

Convulsions

Although convulsions are alarming, children frequently have convulsions that have no connection with serious disease. In fact, some children have convulsions almost every time they run a high fever. So try not to lose your head if you are present when a child has a convulsion or spasm.

During a convulsion a child usually loses consciousness, rolls his eyes up or to one side, and stiffens out; arms and legs and sometimes face and head twitch violently. Often he holds his breath and turns blue. It is well to remember that a child rarely dies in a convulsion.

A convulsion often has to be treated before a doctor can be reached.

When a child has a convulsion, protect him from injury and prevent him from swallowing or biting his tongue by holding a folded wad of cloth (a handkerchief or towel) between his teeth. Most convulsions are accompanied by high fever, so it is best to keep a child cool during convulsions. A cool cloth on the face and a cool sponge bath (around 90° F.) will help to reduce the fever if it seems very high.

Young children frequently have convulsions at the beginning of an acute illness, much as an older person may have a chill. Other causes are inflammation of the brain (encephalitis) or of the brain covering (meningitis), epilepsy, or certain types of poisoning. During the first year or two of life, convulsions may occur with tetany, a condition associated with rickets.

Since a convulsion is always a symptom of some abnormal condition, a doctor's advice should be sought to discover and treat the underlying illness even if relief is obtained by home remedies.

Backwardness and mental deficiency

A child who does not learn to walk, to talk, to feed himself, or to take care of himself at about the usual age should be taken to a doctor for examination. Such backwardness may be due to deafness, poor vision, blindness, chronic infection, or, in certain rare instances, to defective action of certain glands of the body (in which case the child may often be greatly benefitted by treatment); or it may be due to some abnormality in the development of the brain or injury to it.

The child can often be greatly benefitted by special training and education, and parents need help to know how best to guide him to his fullest development. However hard it may be to face the fact that their

child is backward, facing the truth is the parents' first step in helping the child. They should not expect him to learn quickly, but little by little they can teach him patiently what he is able to learn. If, when he reaches school age, he is unable to do ordinary school work, he should have the benefit of the special training that is provided for such children in many communities.

It is no kindness to a child to pretend his disability does not exist. When a child is crippled physically, we do not hesitate to send him to a school which has special facilities for crippled children. When a child is crippled mentally, we should take just as great pains to see that his needs are met. It is unjust to him to expect him to live up to the demands made on normal children, and no amount of pity and sympathy is going to remedy the situation. He is not going to "grow out of it," and we shall only be making the situation more tragic by shutting our eyes to it. Institutional care is sometimes advisable and may be best not only for the child but also for the family.

Kidney disease

Kidney disease in children may take several forms. The two most common of these are acute nephritis and pyelitis.

Acute nephritis is an inflammation of the kidneys, which may follow a sore throat, scarlet fever, or other infection. Occasionally, however, acute nephritis may appear in a child who previously has seemed well. The urine is usually scanty and dark-colored and it may be slightly or even quite bloody. The child may not seem very sick; but as the disease can be serious, a doctor should be called if a child shows these symptoms.

Pyelitis is an infection of the kidneys in which pus is present in the urine. The symptoms of this disease are often vague. The child may have fever or headache and seem sick but complain of no pain, or he may have to urinate frequently and complain of pain on urination. Pyelitis is more common among little girls than among little boys.

Since neither of these diseases can be diagnosed without examination of the child's urine, the mother should always save a sample for the doctor whenever a child is sick.

Diabetes mellitus

Children, as well as adults, may suffer from diabetes mellitus. In this disease the body is unable to use the sugars and starches of the diet, and sugar is excreted in the urine. Formerly it was almost always fatal

in childhood. Now with the use of insulin and diets carefully prescribed by a doctor, the disease may be so controlled that a child can continue to grow and live a normal life.

If a child begins to drink unusually large amounts of water, urinates frequently in very large amounts, or has a very hearty appetite and yet loses weight, take him to the doctor at once, as these may be the early symptoms of diabetes. Carry a specimen of urine with you for examination.

Appendicitis

Acute appendicitis is not common in children under 6, but it can occur at any age.

If appendicitis is diagnosed promptly and operation is performed early, complete recovery is the rule. It is only when the condition is not diagnosed early and operation is delayed that appendicitis is dangerous.

The early symptoms of appendicitis are nausea, fever, which may be only slight, pain in the abdomen, and sometimes vomiting. The pain may seem to be in the region of the stomach or it may be in the right side (rarely the left side). A child with these symptoms should be seen by a doctor immediately. Any child with persistent abdominal pain which lasts more than a short time, even in the absence of other symptoms, should be seen by a doctor. A laxative should never be given to a child with abdominal pain.

Skin diseases

Impetigo contagiosa.—A very contagious skin disease appearing as blisters which become yellow, crusted sores, most often on the face and hands, spreading from one part of the skin to another and from one child to another.

Scabies or *itch.*—A contagious, itching skin eruption occurring on the body and hands and feet, which spreads by contact from one person to another. The doctor may prescribe a special DDT solution, and may suggest that all members of the family be inspected and given treatment if necessary.

Ringworm.—A contagious skin eruption, which appears as a red patch, healing in the center and spreading at the edges. It may itch. It frequently affects the scalp and in time makes the hair break off.

Boils and *pimples.*—Small abscesses in the skin. These may be spread by scratching or rubbing, so that often several may appear in succession. Any inflamed place on the skin should be kept clean and should never be picked or squeezed.

Eczema.—An itching eruption which occurs on the face or the body, especially on the

cheeks and in the folds in front of the elbows and behind the knees. It is not catching.

Any one of these conditions should be cared for under the direction of a doctor.

Clothing, bedding, towels, and other things that have been used by anyone with a contagious skin erpution should be boiled or thoroughly sunned before being used again, as reinfections often occur through such articles.

Worms

The common worms seen in childhood are roundworms, which are as large as the ordinary earthworm and easy to recognize, and pinworms, which are white, threadlike, and less than ½ inch long. They may be seen whipping about in a freshly passed stool.

Worm medicines must *never* be given without a doctor's advice. If they are powerful enough to kill worms, they may easily harm a child unless given in just the right dose and under the proper conditions.

The eggs of these worms enter the body through the mouth, usually carried there on the child's hands. Eggs of roundworms are found in soil made filthy by the bowel movements of persons who have worms.

In a house where a child or other member of the family has pinworms the eggs of these worms are likely to be widely scattered. The female pinworms crawl out of the child's rectum and deposit eggs on the skin around it. From here the eggs are brushed onto clothes, bedclothes, towels, toilet seats, etc. Air currents scatter them, so the eggs may be found in any household dust. Anyone who gets the eggs on his hands may carry them to his mouth, so usually all the children in a family become infected, and the parents, too. To rid one member of the family of pinworms it is usually necessary that all infected members of the household be treated too.

Treatment for pinworm with medicine, to be effective, must be accompanied by strenuous efforts to rid the house of the eggs. Otherwise reinfection soon occurs. Clothing and bed clothing should be boiled or pressed with a hot iron. Floors, baseboards, and other woodwork, light fixtures and any other place where dust can settle should be scrubbed.

Everyone in the family should keep his fingernails short and scrub his hands with a nail brush before eating. Infected persons should have frequent changes of clothing and bed clothes and should wear tight drawers or swimming trunks. Wearing tight trunks at night is especially important because a child is likely to scratch

where the worms cause itching around the rectum and thus get the eggs on his hands and reinfect himself. Wearing cotton gloves at night also helps prevent getting reinfected.

The area around the rectum should be washed after each bowel movement and at bedtime. Your doctor may suggest a soothing ointment to relieve itching. The seat of the toilet or the potty should be scrubbed and disinfected frequently.

These efforts need to be continued as long as any member of the family has pinworms. Cure takes at least 3 or 4 weeks and often much longer.

Some mothers have the mistaken idea that any child who is nervous, picks at his nose, or grinds his teeth in his sleep has worms. Worms are rarely the cause of such symptoms.

In regions of the country where hookworms are common, if a child shows any symptoms of this disease (paleness, retarded growth, digestive upsets, and itching feet), examinations of his stool should be made. If worms or eggs are found, treatment should be given at once by a physician.

Lice (pediculosis)

Head lice are sometimes found on a child's scalp and hair. The bites of these insects may cause itching. Sores may result, and the glands at the back of the neck may become swollen.

Ten percent DDT powder (in 90 percent inert talc) should be dusted into the hair and scalp, care being taken to keep the powder out of the eyes by protecting them with gauze squares. The entire head should be wrapped in a scarf or clean towel. After several hours, preferably at bedtime, the scarf should be removed. The next morning the hair should be carefully combed with a fine-tooth comb to get rid of the nits and dead lice. On the seventh day following treatment, the hair should be washed with soap and warm water and allowed to dry, after which the DDT powder should be reapplied in the same manner as before. On the fourteenth day the hair should be given a final shampoo. Although two courses of treatment are usually sufficient, it may be necessary to repeat this treatment. Other children or people in the family may reinfect one another, so that all heads should be carefully examined and treated if nits or lice are found. Brushes and combs should be thoroughly cleaned by scrubbing with soap and water and boiling after they are used for treatment. Any hat that has been worn by a child with lice should be disinfected by spraying with 5 percent DDT solution.

17. Emergencies

PARENTS can do much to prepare themselves to handle emergencies by taking courses in first aid and learning mouth-to-mouth resuscitation. All but minor injuries should be treated by a doctor in the home, office, or hospital. Remember, however, that first aid is only *first* aid. In all but very slight injuries or minor accidents, have your child seen by a doctor at the earliest possible moment.

Cuts

Do

1. If small, wash out well with soap and water and apply sterile bandage, or clean, freshly ironed piece of cloth.
2. If large, cover with sterile gauze, press gauze firmly over wound to control bleeding, and hold in place until the doctor comes.

Don't

1. If small, don't use strong antiseptics. Soap and water is an excellent antiseptic.
2. If large, don't do anything except cover with sterile gauze, control bleeding, and let the doctor do the rest.

Puncture Wounds

Do

1. If not bleeding freely, try to encourage bleeding by pressing again and again just above wound, and, in the case of a finger or toe, by squeezing or "milking" it.
2. Be sure to ask the doctor in every case if he thinks tetanus antitoxin or a "booster" dose of toxoid advisable.

Don't

1. Don't ever try to close a puncture wound with bandage, adhesive, or anything else. A sterile gauze pad may be placed loosely over wound until the doctor comes.
2. Don't forget to tell the doctor if your child has had any kind of serum before.

Profuse Bleeding

Do

1. Place thick sterile gauze pad or clean towel over bleeding point and apply strong pressure. Get the doctor immediately.
2. If from a blood vessel in the arm or leg, apply pressure to the proper pressure point. Get the doctor immediately.

Don't

1. Do not attempt to apply a tourniquet unless blood is spurting from a blood vessel in the arm or leg, and cannot be controlled by pressure. If a tourniquet is applied, do not remove it, but get the child to a hospital as soon as you possibly can.

Nosebleed

Do

1. Close the nostril that is bleeding by holding a finger pressed against the side of the nose. If this does not stop the bleeding, apply cold, wet cloths over the child's nose and the back of his neck. If bleeding still continues, call a doctor.

Don't

Burns

Do

1. If mild, apply petroleum jelly.
2. If severe and widespread, wrap child in clean sheet first, then blankets, and take to hospital or doctor immediately.

Don't

1. Do not allow an extensive burn to remain exposed.
2. Never underestimate a burn. Especially never underestimate sunburn. If skin is at all blistered, it is a second-degree burn and should be treated by a doctor.

Broken Limbs

Do

1. If the injury seems severe, leave the child where he is if possible. Keep him warm and call the doctor.
2. If you suspect fracture of the arm, apply a sling before moving.
3. If a child with a broken leg must be moved, apply a homemade splint. The simplest method is to splint the part with a pillow. To apply, slide a large pillow under the limb, making sure that pillow is long enough to include the joint at each end of the broken bone. Then fold sides of pillow up over limb and make firm by tying strips of cloth or bandage around the pillow at 3- to 4-inch intervals. Another way to give support to a broken leg is to strap it to the other leg in several places above and below the injury.

Don't

1. Don't assume that ability to use the arm or leg means that there is no broken bone.
2. Don't let child walk on leg or use arm if fracture is suspected. If the injury is apparently severe, do not move the child unless necessary.
3. Never apply a splint or bandage tightly. To allow for swelling of the part, provide plenty of padding between limb and splint.
4. Never try to "set" a compound fracture (one in which bone is exposed) and do not apply antiseptics or try to do anything to the wound. Simply cover it with a sterile dressing and let the doctor do the rest.

4. If bone fragment has broken through skin, cover bone and wound with sterile gauze dressing. Apply pillow splint and take the child to doctor immediately.

5. If a fracture is suspected do not give anything but water by mouth until the doctor has seen the child.

Poisoning

Do

1. Get the child to a hospital unless a doctor is immediately available.
2. Cause the child to vomit by tickling the back of his throat with your finger.

Don't

1. Above all, don't lose your head.
2. Don't waste precious time trying to look up the proper antidote for a particular poison. If you can bring about vomiting quickly, you will greatly reduce the danger. The doctor will give the proper antidote.
3. Do not make a child who has taken lye or kerosene vomit.
4. Don't throw away the bottle or other receptacle from which the poison came. The doctor will want to read the label.

Choking on an Object

Do

1. Pick the child up by the feet, hold him head downward, and slap his back sharply. If the object does not come out, get the child to a hospital or doctor immediately.

Don't

1. Don't waste time trying to reach the object with your hand. Nine times out of ten it is out of reach and even if not, up-ending the child is a much faster way to get the object out of the child's throat.

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